

FIG. 1

FIG. 1

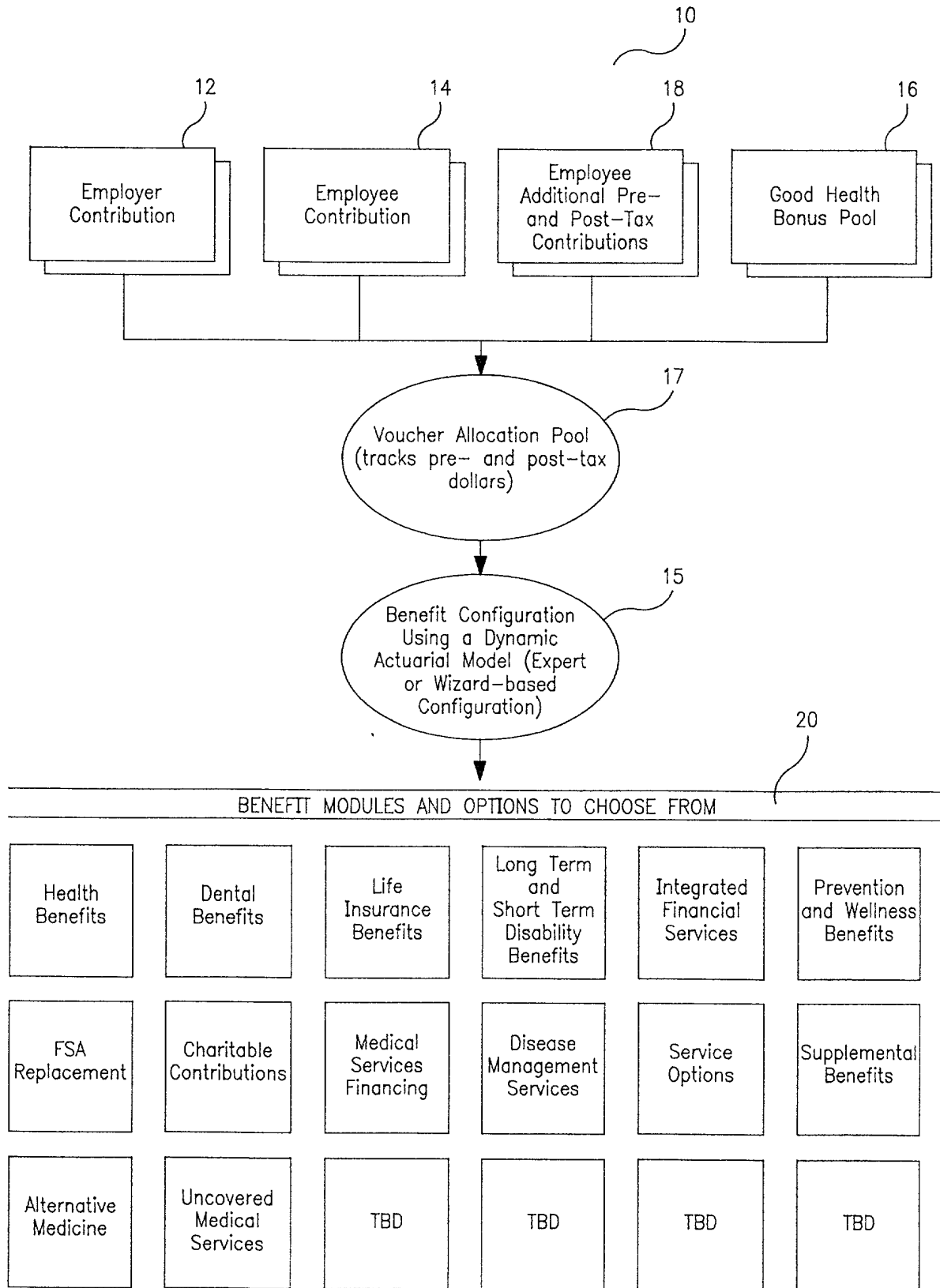


FIG. 2

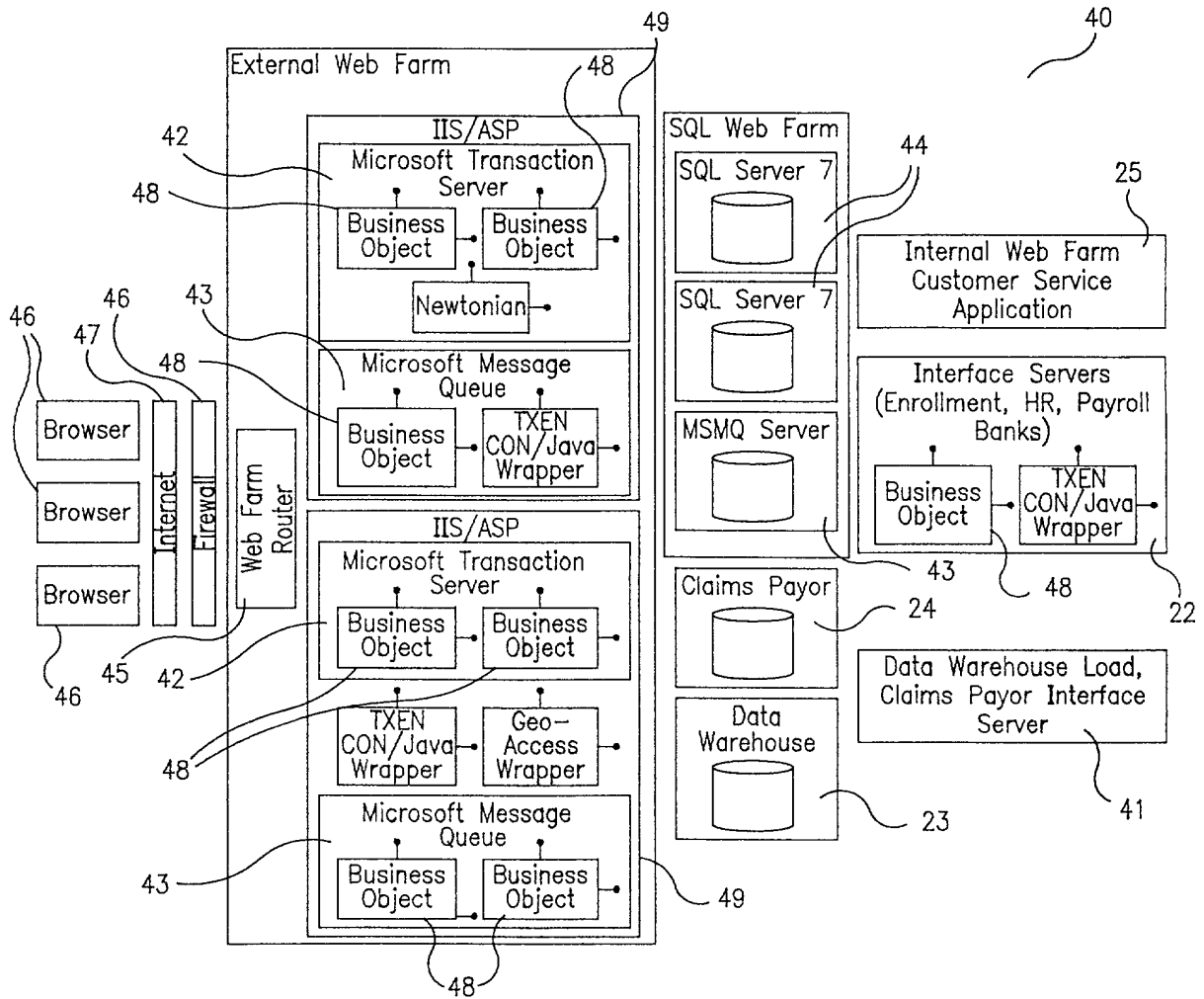
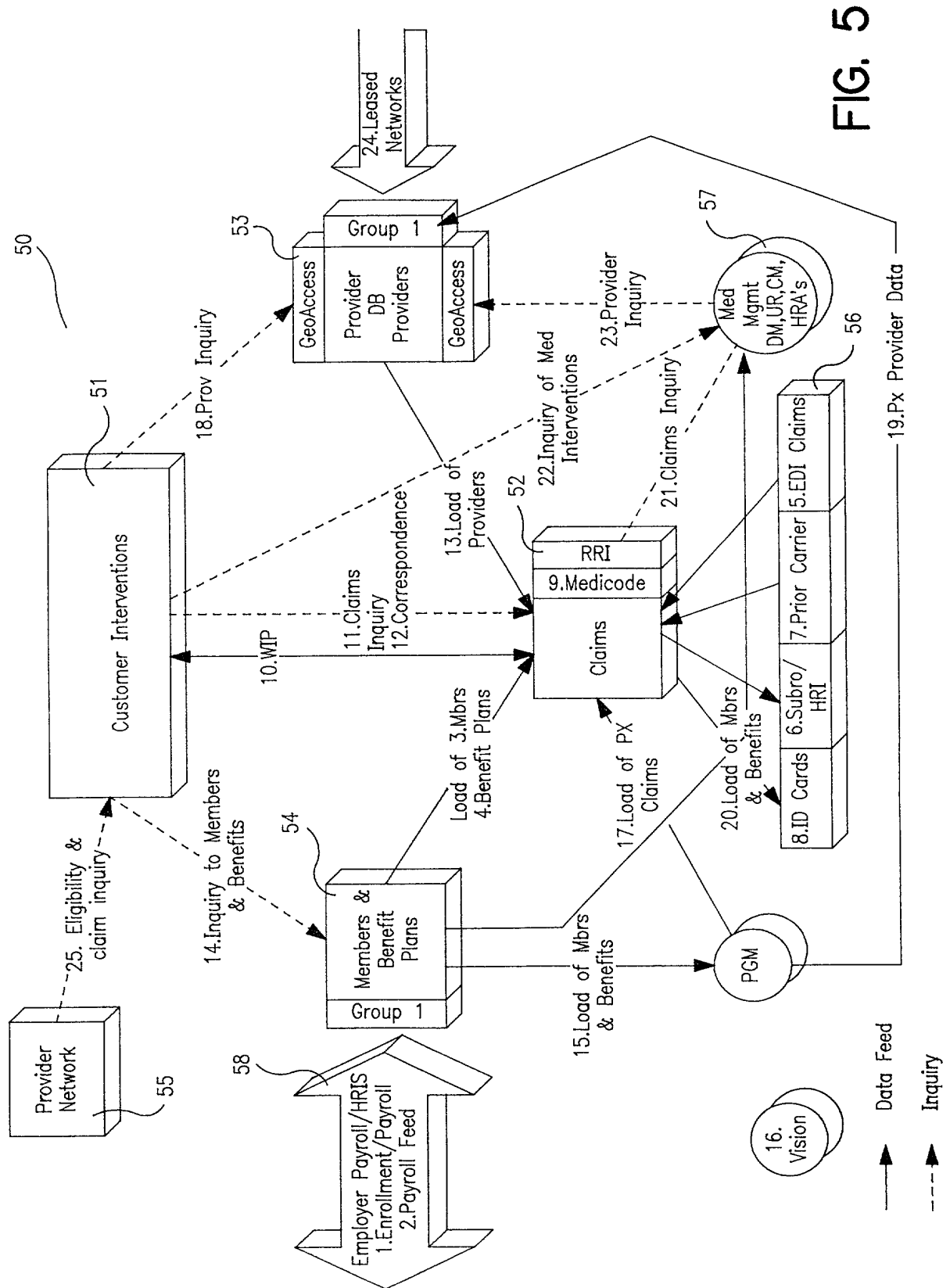


FIG. 4



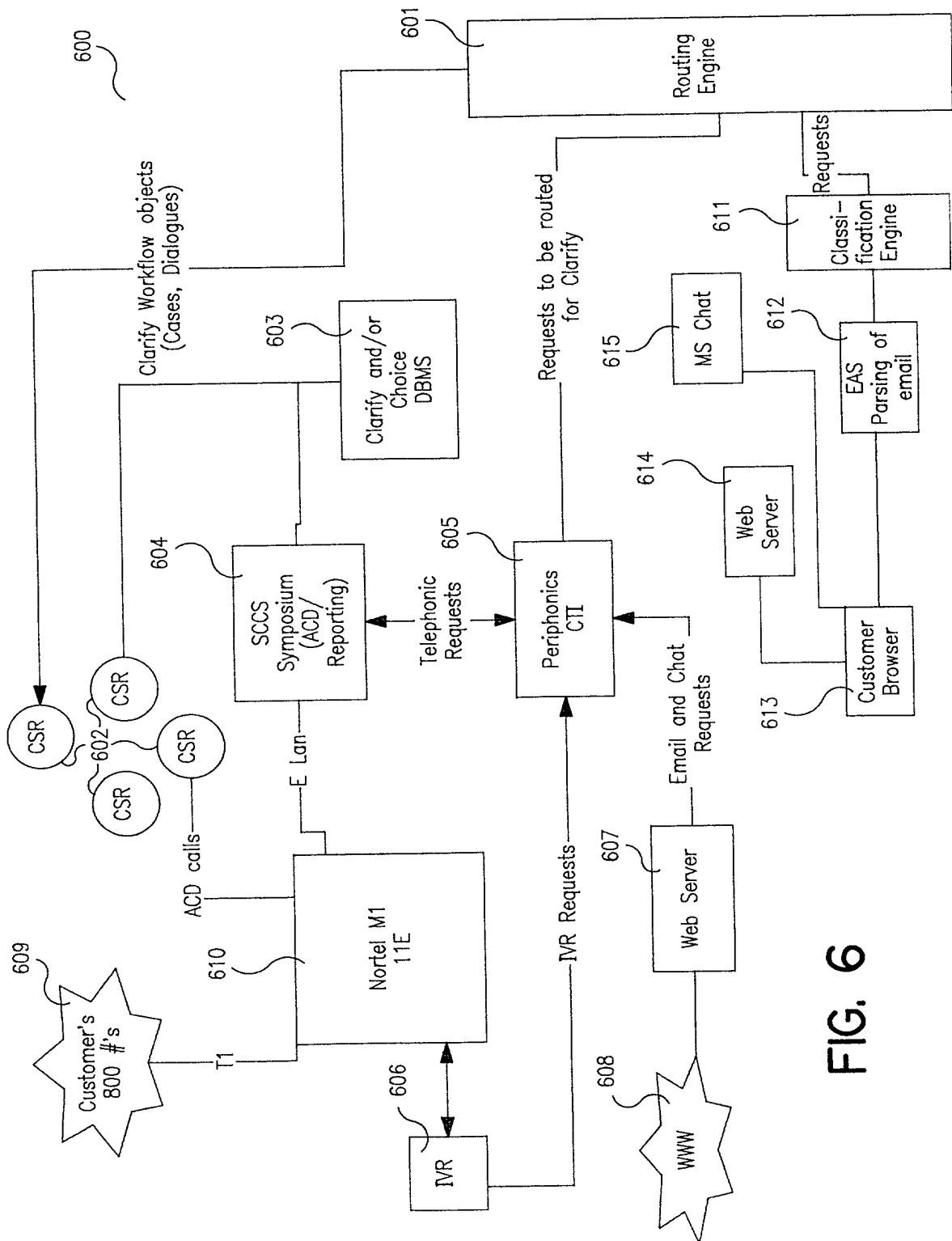


FIG. 6

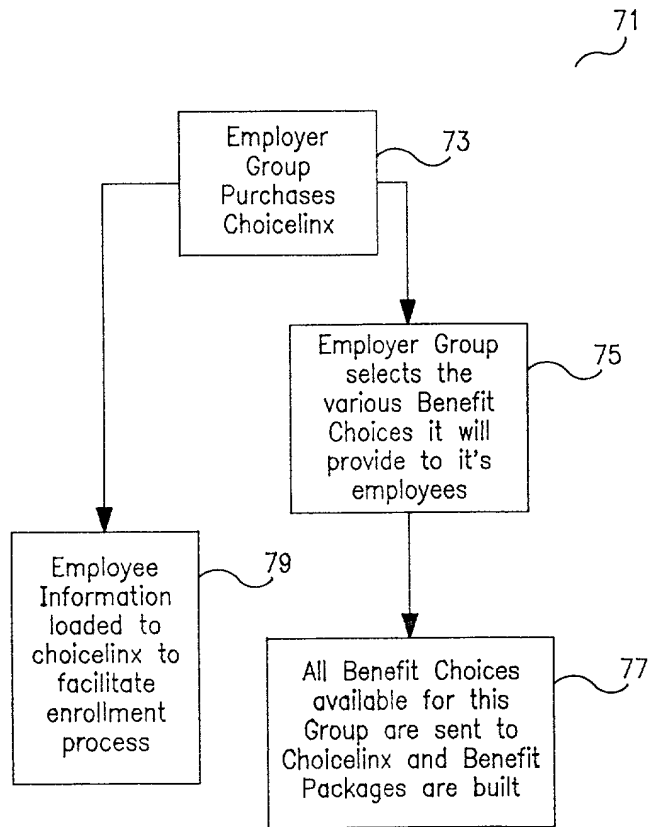


FIG. 7A

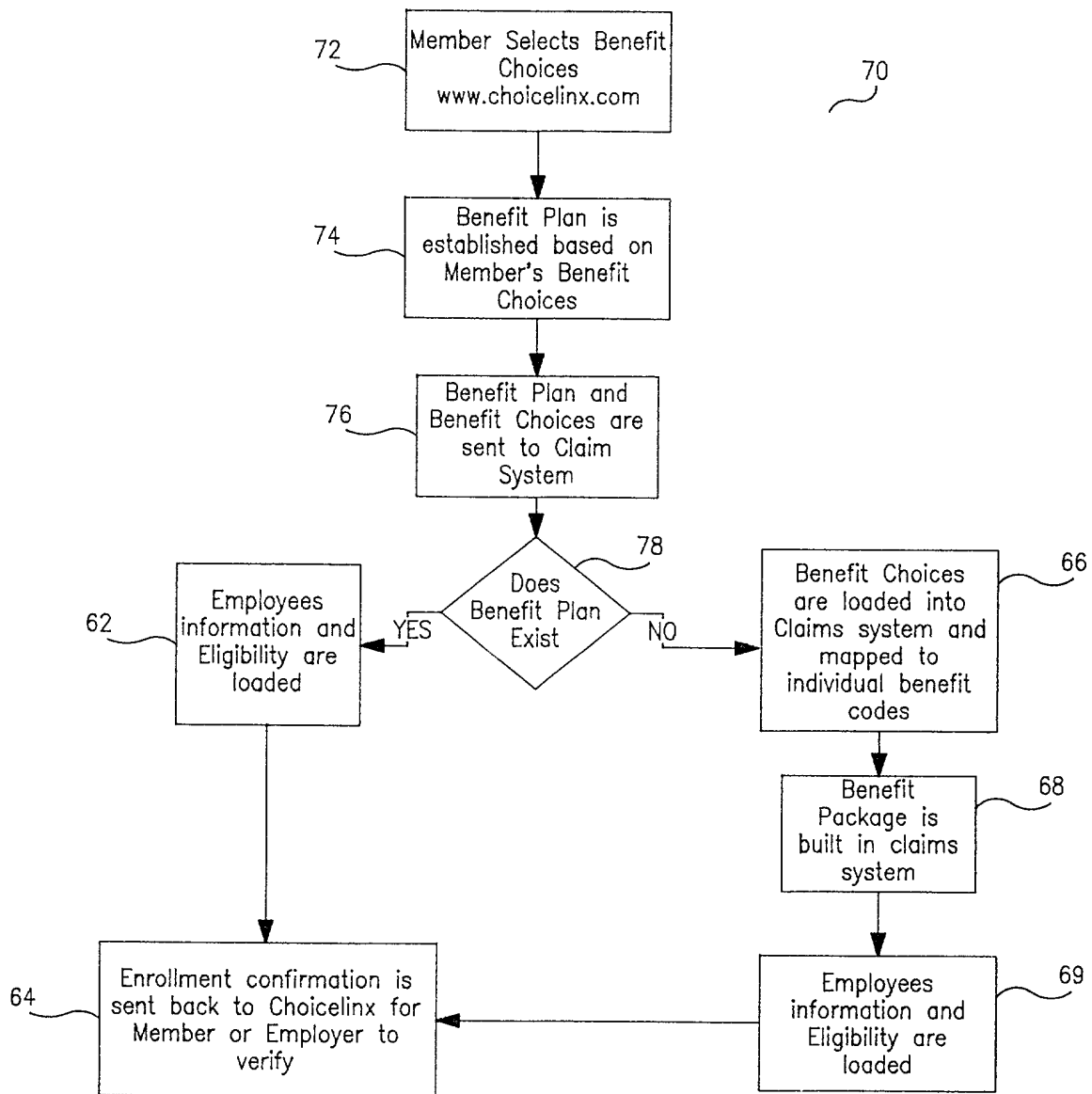


FIG. 7B

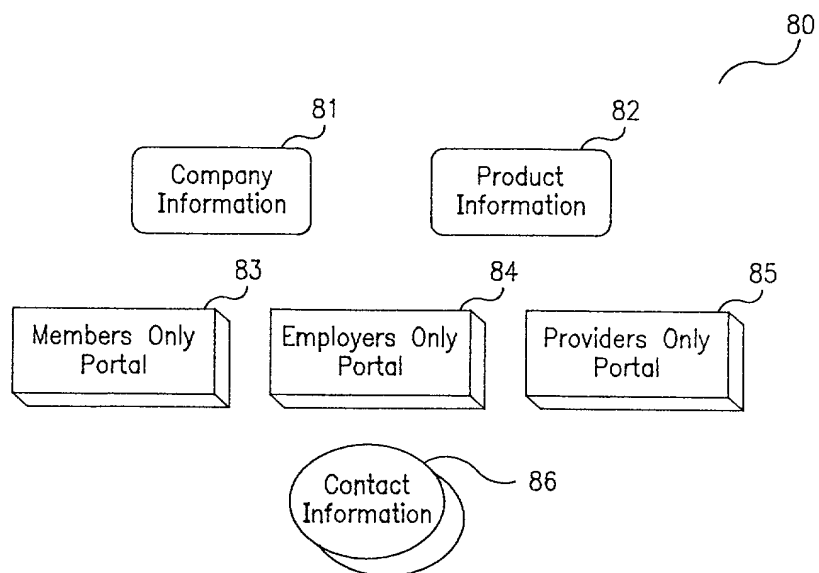


FIG. 8

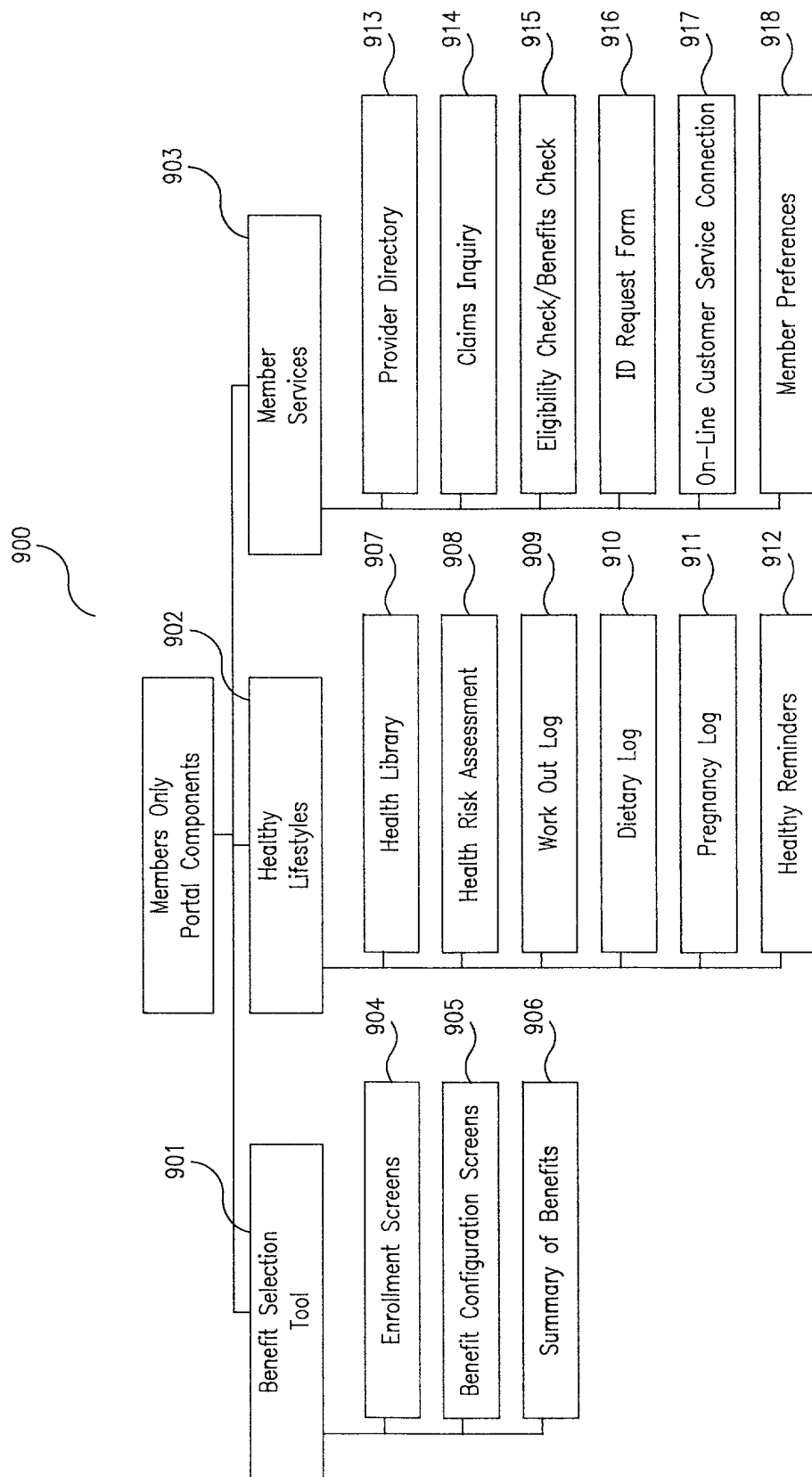


FIG. 9

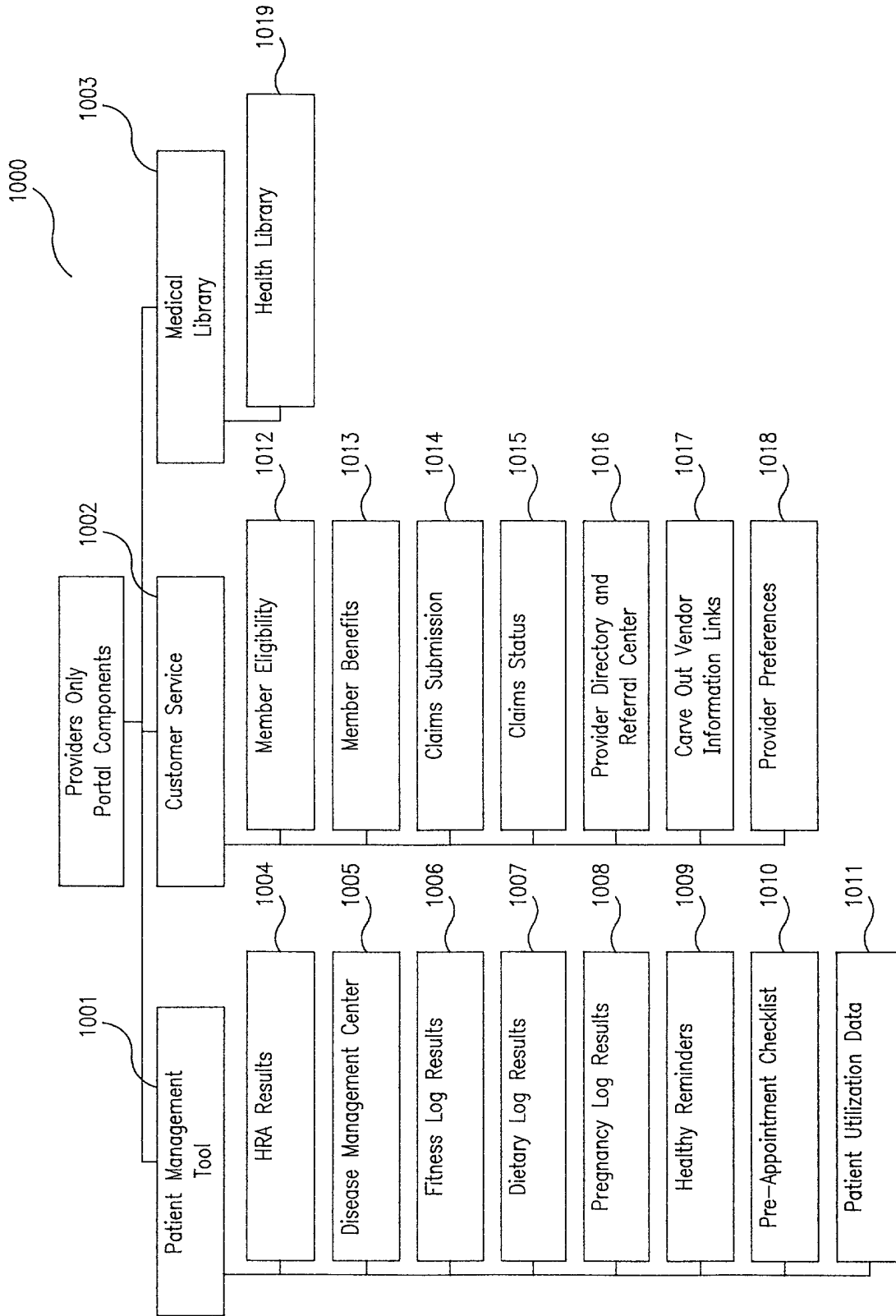


FIG. 10

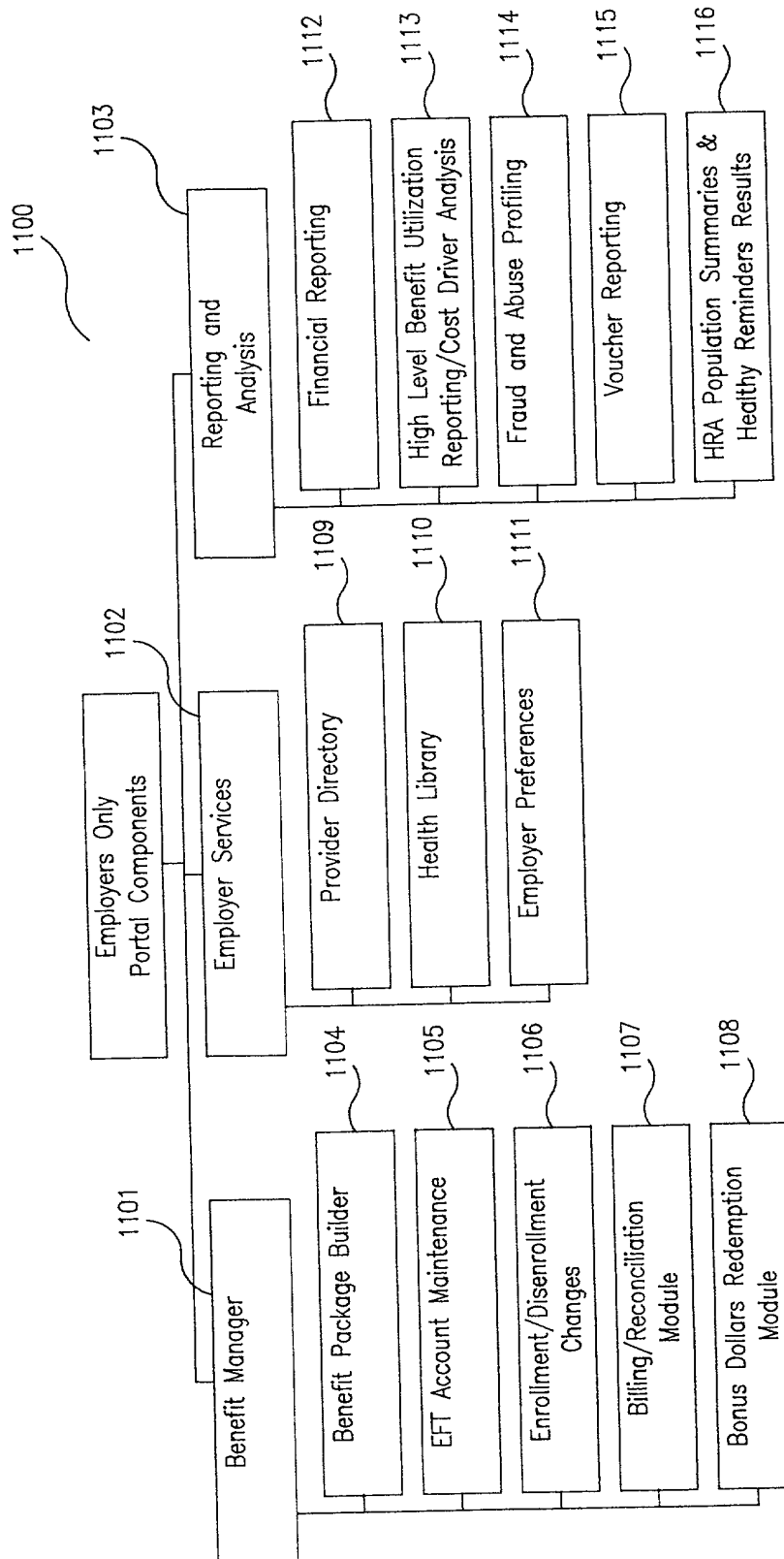


FIG. 11

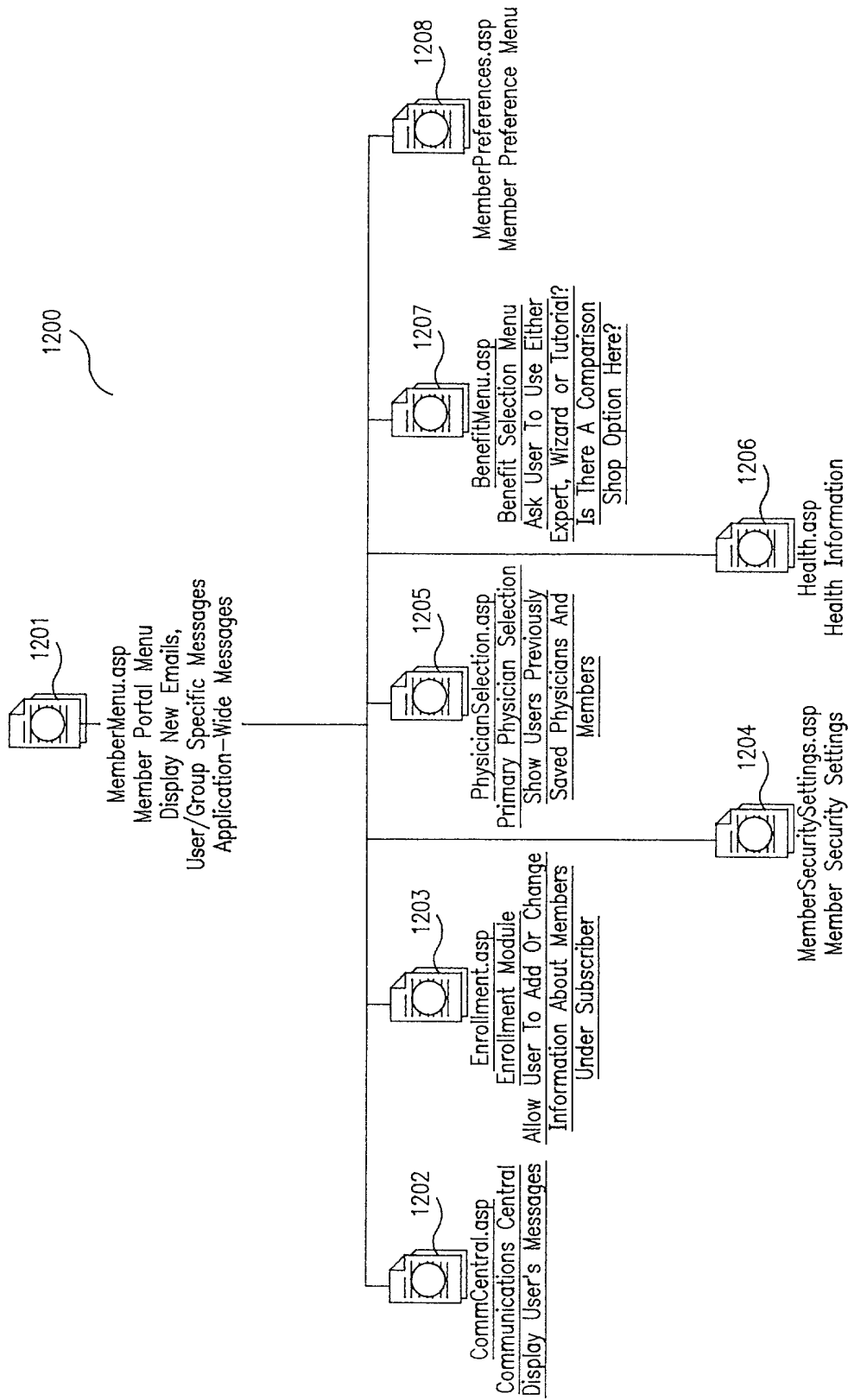


FIG. 12

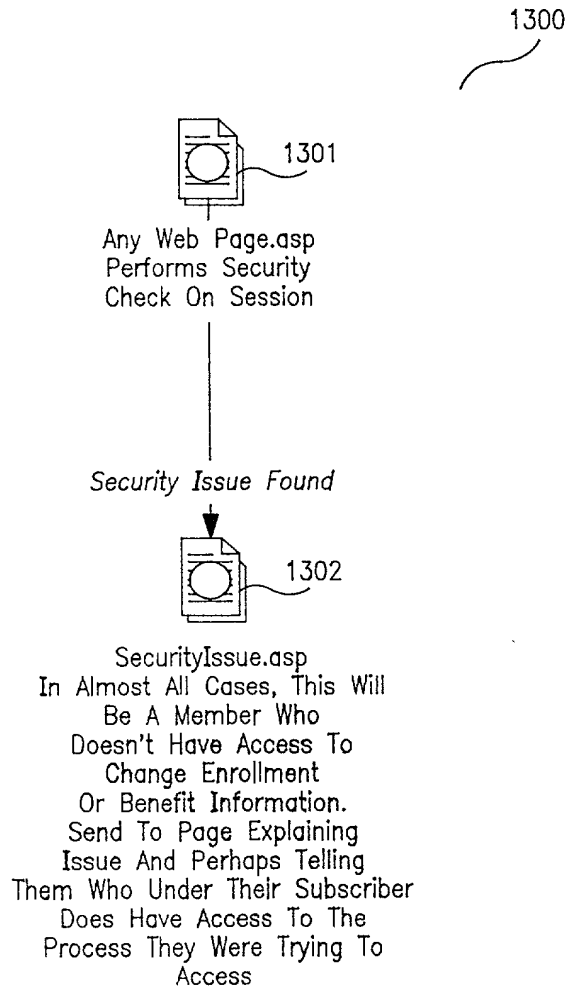


FIG. 13

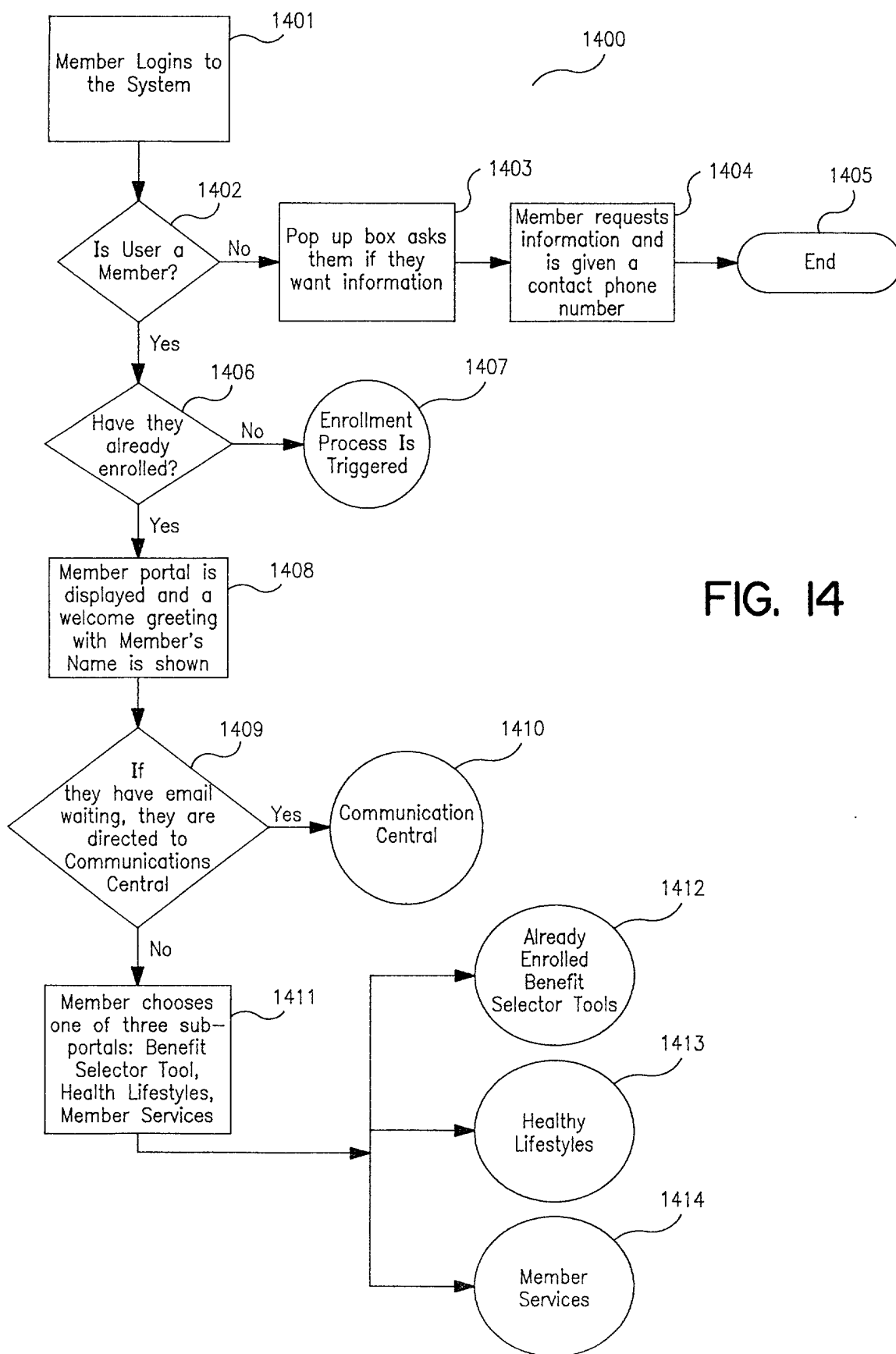


FIG. 14

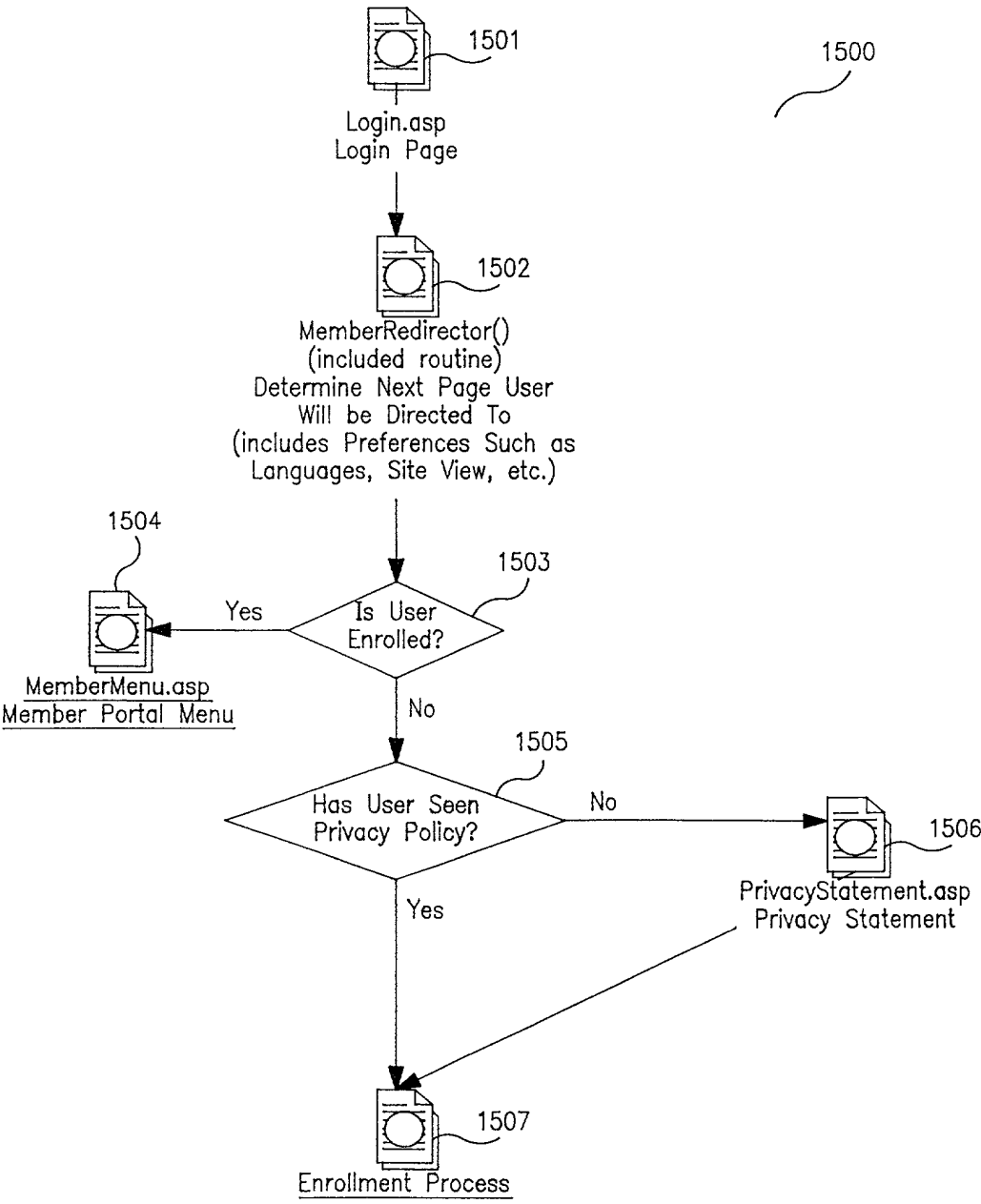


FIG. 15

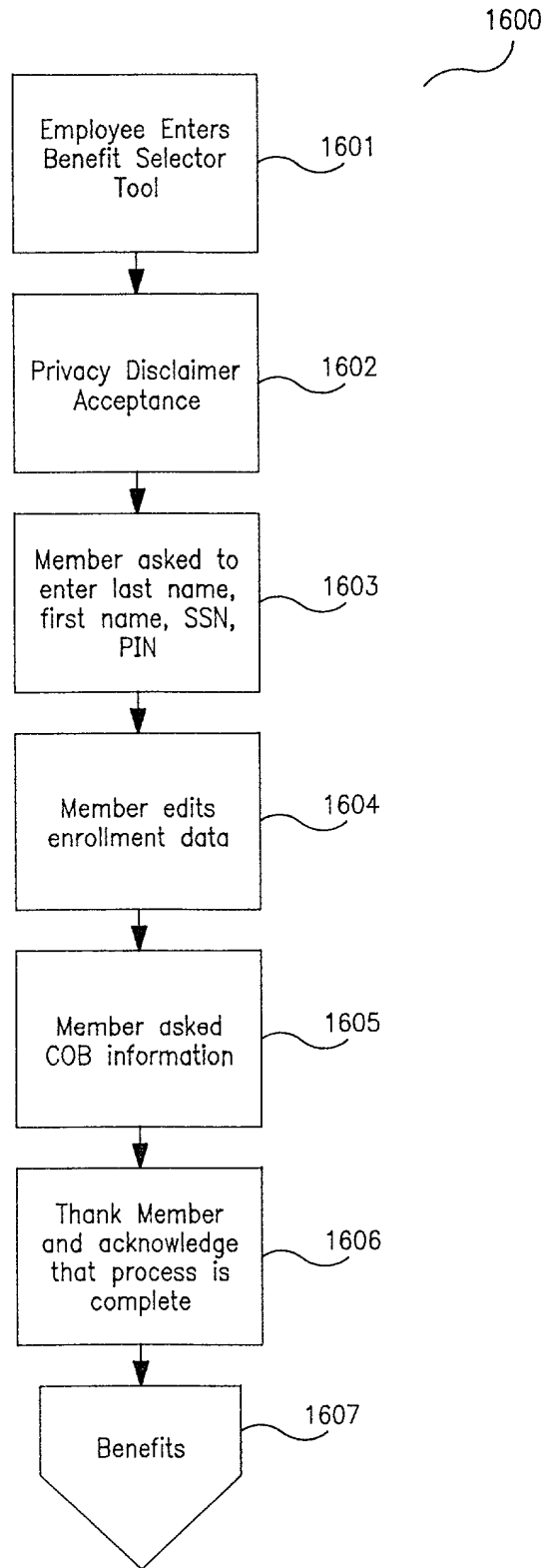


FIG. 16

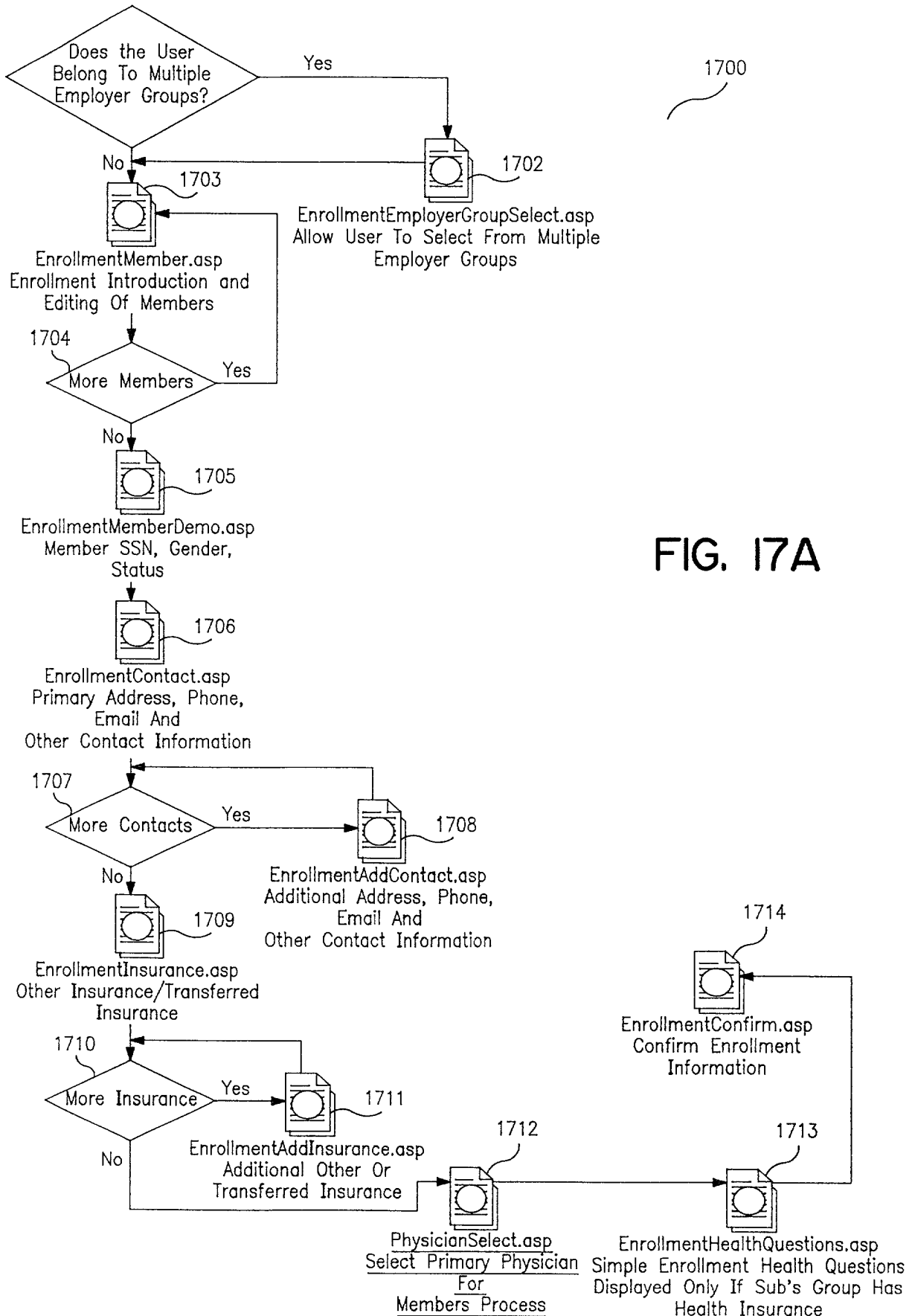


FIG. 17A

choice linx
The benefits of choice

choosing benefits | **signing up** | finding a provider | living healthy | customer care center

your privacy about us home

▶ signing up
menu

▶ about you

▶ contacting you

▶ your other
coverage

▶ your doctor

▶ your summary

▶ why do
we ask?

? questions

(800) 888-8888

about you

signing up

Here's where you provide us with information about yourself. Please be sure all information is entered accurately.

1720

you tell us

first Jack	m.I. W.	last Smith	suffix Jr.	social security number? 003 54 2356	1721
date of birth? (mm/dd/yyyy) 09 25 1968			do you have a disability? yes no		
gender? <input checked="" type="radio"/> male <input type="radio"/> female			do you have a preferred name? (nick name)		
marital status? married			1722		
what is your email address? jsmith1@medicaone.net			1723		
			1724		
			1725		

If you have any special circumstances or court imposed obligations, please contact our Customer Care Center upon completion of *Signing Up* to make any special arrangements.

○ back to summary

◀ back ▶ next ▶

▶ signing up menu

▶ about you

▶ contacting you

▶ your other coverage

▶ your doctor

▶ your summary

▶ why do we ask?

? questions

(888) 888-8888

contacting you

signing up

Below are additional address fields you may use to add more addresses to your account. Please make sure you indicate the type of address you are entering. Also indicate those members who this address may apply to.

you tell us

address

address line 1

address line 2

city

state

zip code (+4)

1731

1000 Elm Street

Manchester

NH

03101 0206

what is this type of address?

mailing

business

shipping

school

1732

who uses this address?

Jack

Jane

Tom

Alyssa

All

1733

address

address line 1

address line 2

1731

1000 Elm Street

FIG. 17C

1740

signing up

do you have
other coverage?

We want to make sure that you and your family are protected by health coverage every minute of every day. Choicelinx uses the information that you provide below to coordinate benefits so there are no gaps in your coverage.

you tell us

1741

Are you, or someone you want to be covered by these health benefits, also covered by another health plan?

☐ Yes ☐ No

1742

Are you transferring to Choicelinx from another health plan?

☐ Yes ☐ No

? questions
(888) 888-8888

☐ back to summary

☐ back

☐ next

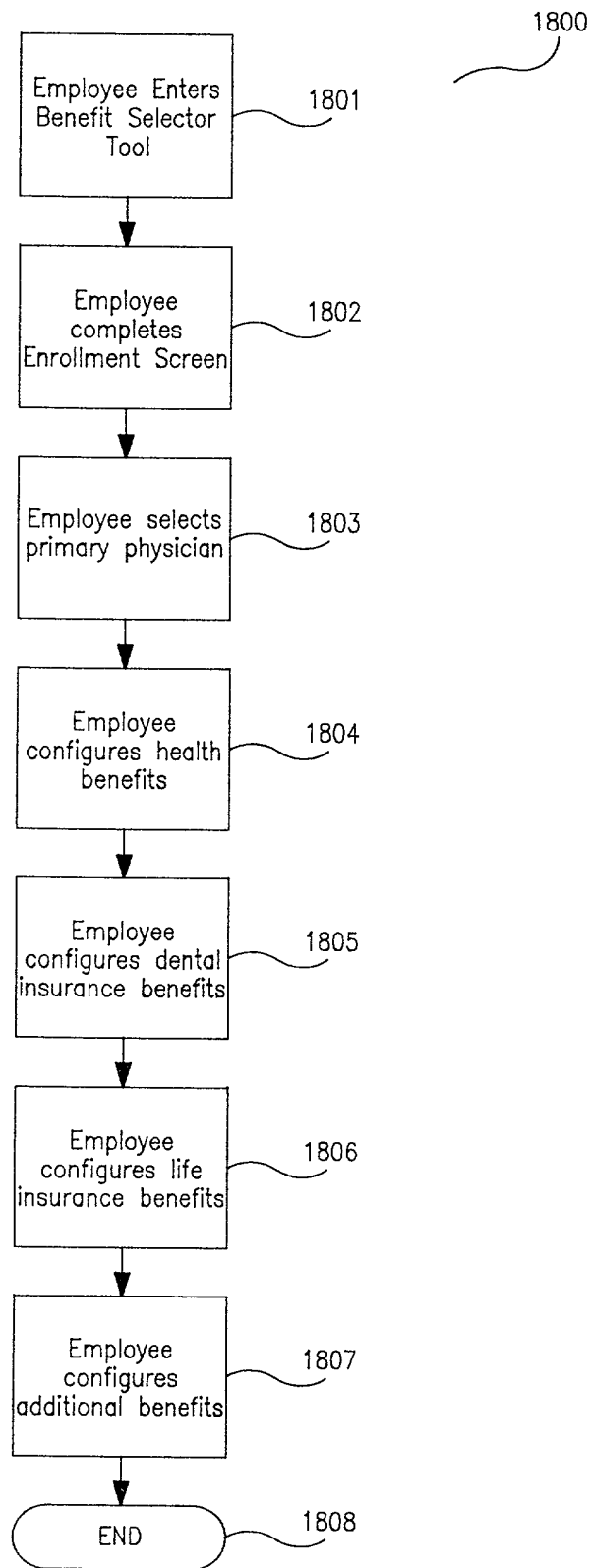


FIG. 18

23/66

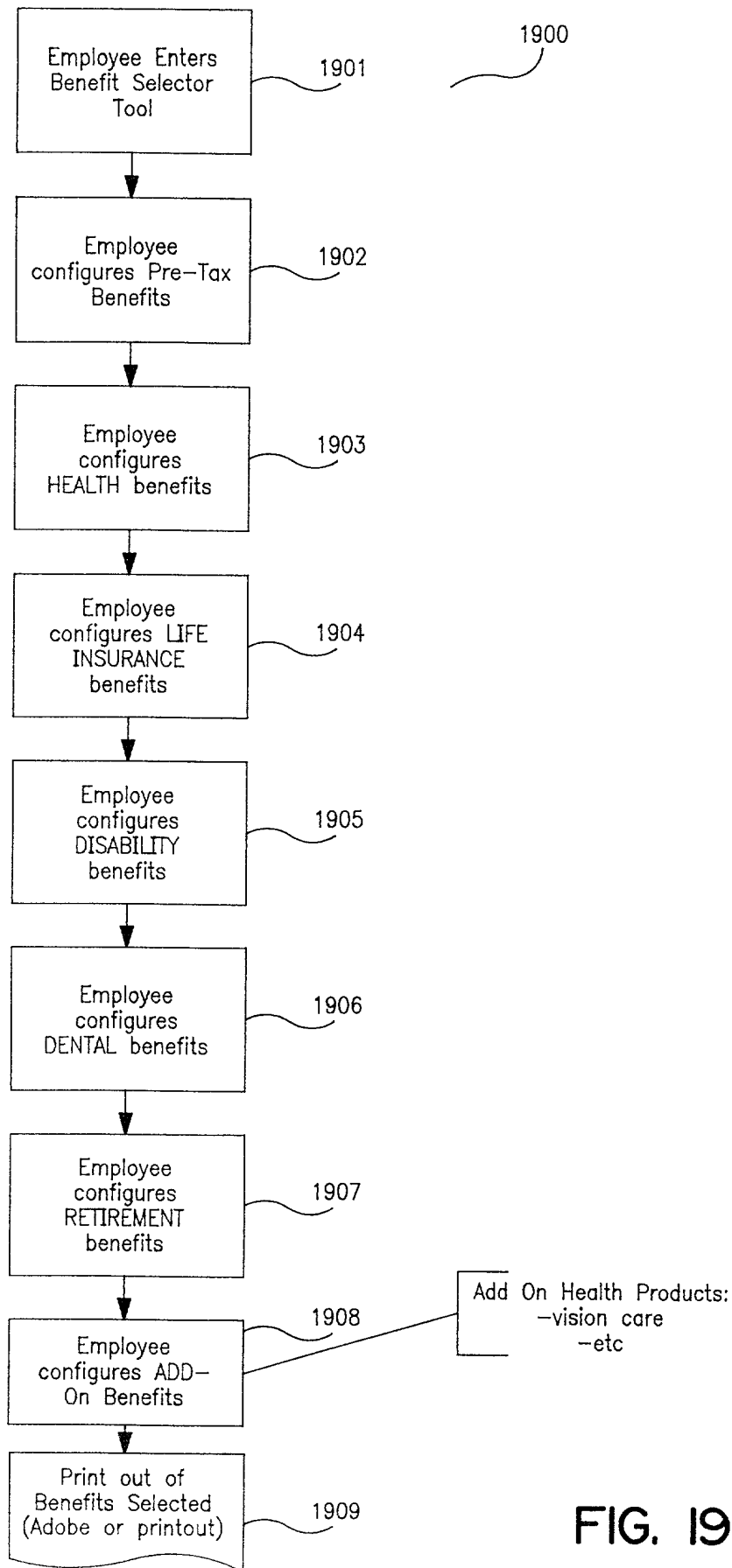
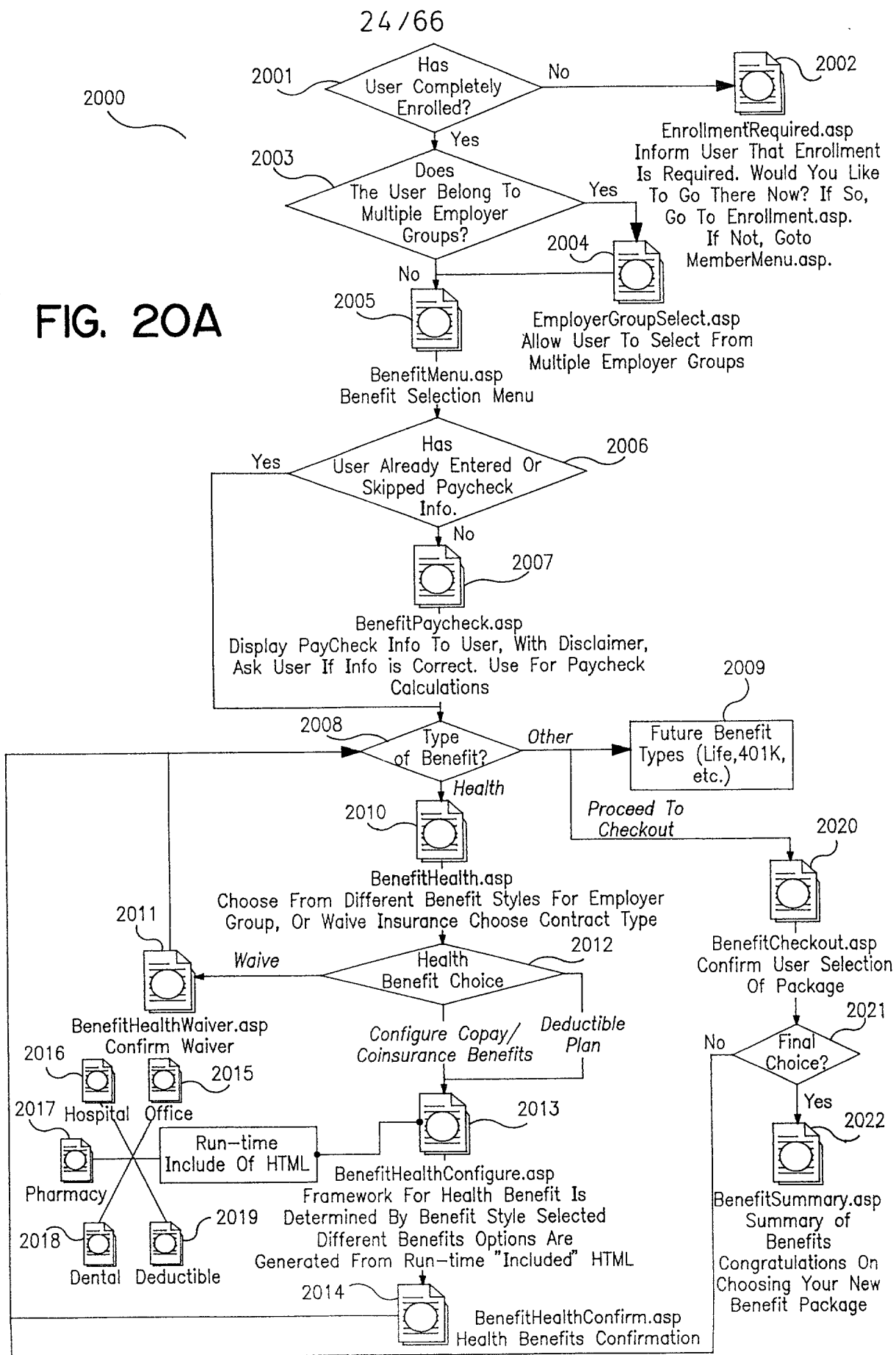


FIG. 19



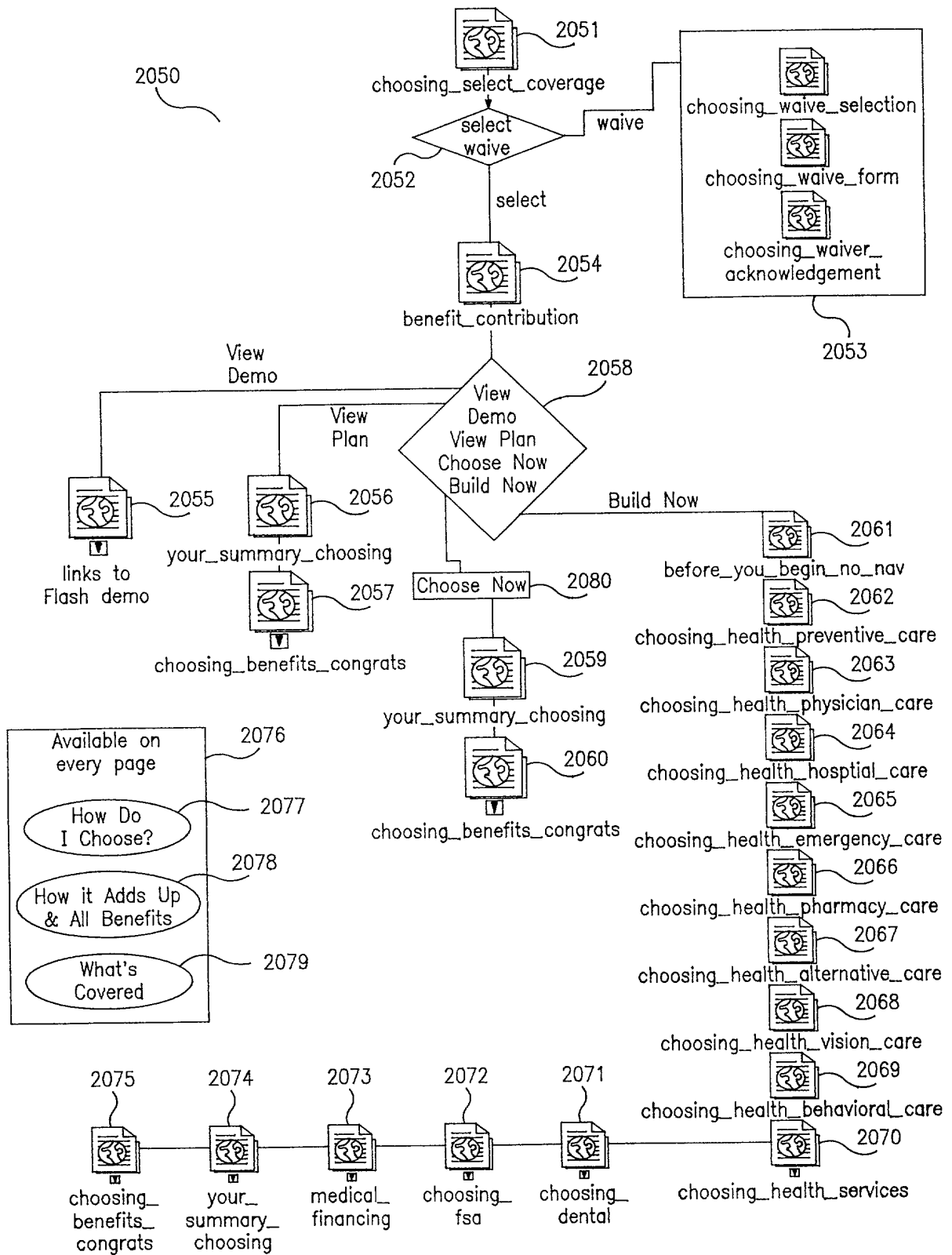


FIG. 20B

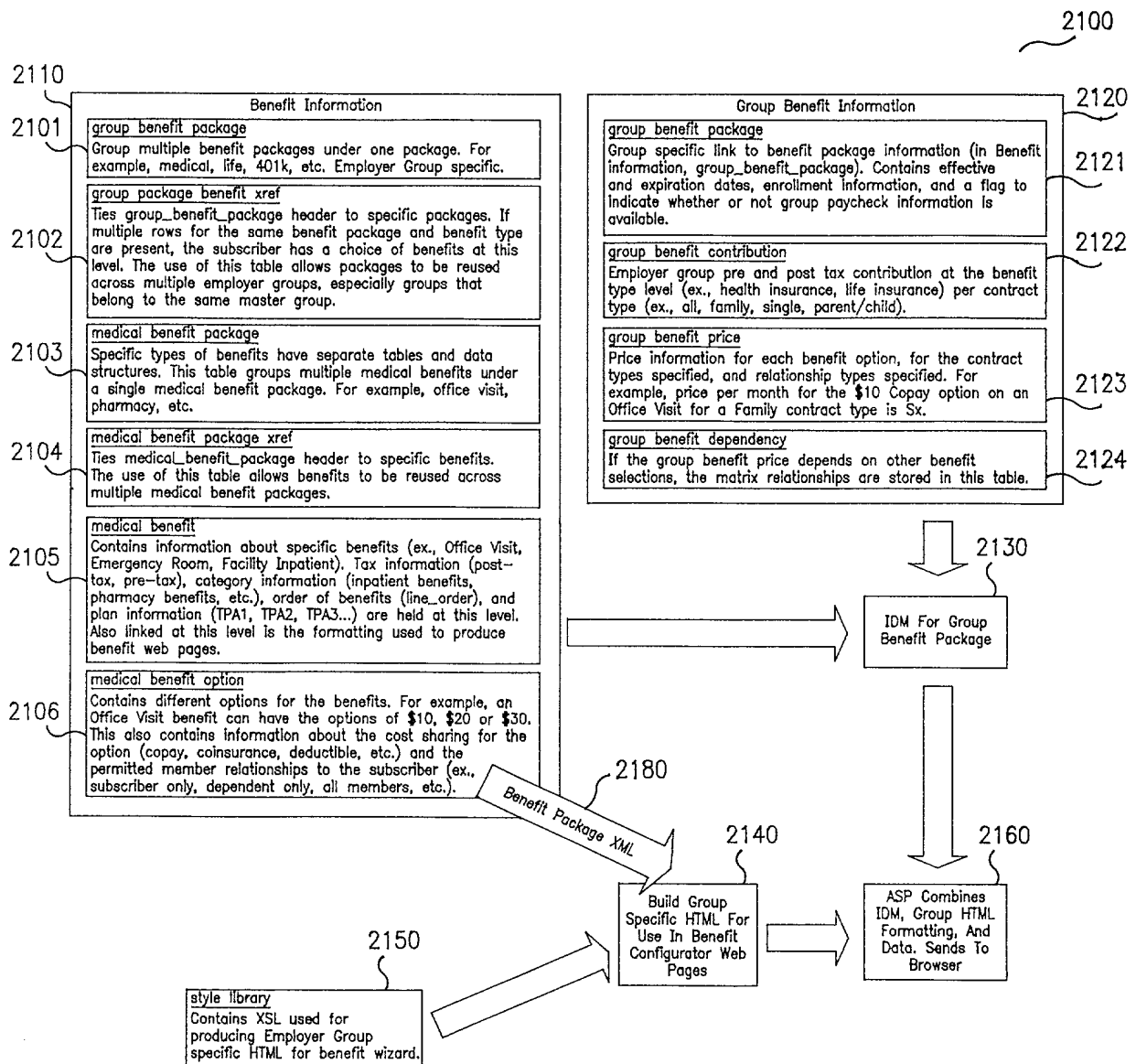


FIG. 21

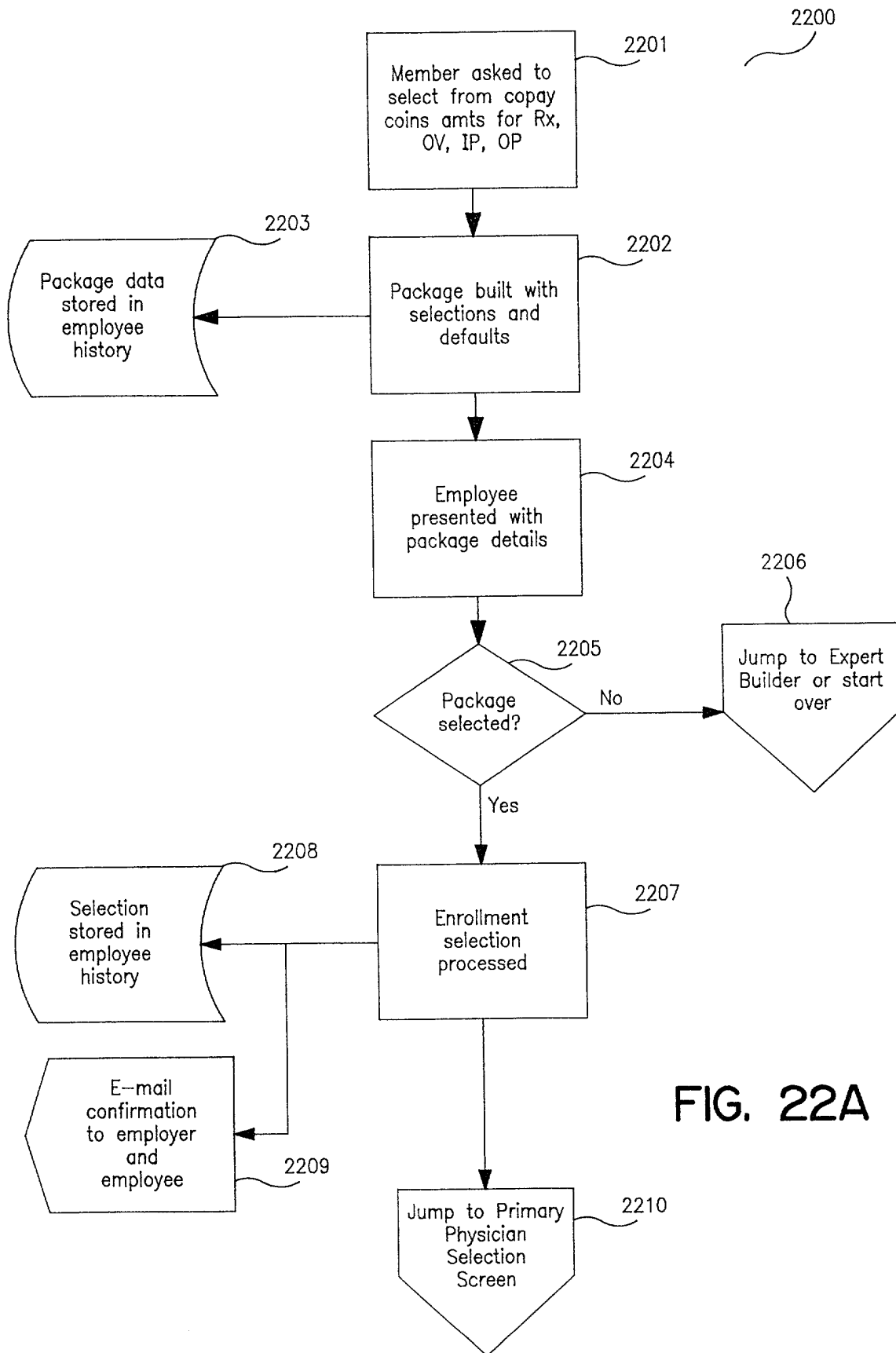


FIG. 22A

2219

getting started choosing benefits

Build A Plan That Is Right For You

1 You decide what your benefit contribution will be.
Your employer has given you a fixed amount to spend on your benefits, but you ultimately decide what level of coverage you want for each benefit.

Benefit	Your Employer's Contribution (2001)	Your Estimated Contribution (2001)	Your Contribution Last Year (2000)
Health	\$2,400	\$xxx to \$yyy	\$xxx
Dental	\$180	\$xxx to \$yyy	\$xxx
Total	\$2,580	\$xxx to \$yyy	\$xxx

2223

2224

2225

2220

2221

2222

FIG. 22B

2 The choice is yours.
Where you receive care (and by whom) is entirely up to you. However, receiving care by an In-Network provider will reduce your out-of-pocket expenses.

In-Network

- Your out-of-pocket expenses (i.e. copays and cost-share amounts) are chosen by you for each benefit
- NO referrals are needed
- You can determine if your doctor is In-Network by selecting Finding A Provider at the top of every page

Out-of-Network

▶ choosing benefits menu

▶ getting started

- health
- preventive care

▶ physician care

- hospital care
- emergency care
- pharmacy care
- alternative care
- vision care
- behavioral health care services
- personalized services

▶ dental

▶ flexible spending

▶ medical financing

▶ your summary

health physician care

Physician Care is that care which is provided by your physician to whom you have been referred. This care is most frequently provided in a physicians' office.

choose from the following benefits		
your network benefit	monthly benefit cost	your choice
\$0.00 fixed copay	\$54.30	<input type="radio"/>
\$10.00 fixed copay	\$47.47	<input checked="" type="radio"/>
\$13.00 fixed copay	\$44.78	<input type="radio"/>

choosing benefits

◀ back next ▶

what's covered

Office Based Physician Care
Specialty Care
Maternity Care
Oncology Services
Dermatology/Podiatry
...more details

how it adds up

monthly

what your employer contributes

For All Benefits \$400.00
For Health Based deductible \$750.00
\$44.94
\$720.06

what is deducted from your paycheck

For all benefits \$0.00
For Health \$0.00

▶ how do I choose?

▶ ? questions (888) 888-8888

FIG. 22C

dental

choosing benefits

Physician Care is that care which is provided by your physician to whom you have been referred. This case is most frequently provided in a physicians' office.

choose from the following benefits		
your network benefit	monthly benefit cost	your choice
10% cost-share	\$17.08	<input type="radio"/>
20% cost-share	\$15.60	<input checked="" type="radio"/>
30% cost-share	\$14.11	<input type="radio"/>

what's covered
Regular Cleaning Fluoride Treatments X-rays Oral Surgery Emergency Services
annual dental

additional offer 2244

For an additional \$3.00 per month you can receive a third dental cleaning.

Would you like to receive a third dental cleaning this year?

☐ yes ☐ no

how it adds up
monthly
what your employer contributes:
For All Benefits \$400.00
For Health used available \$15.00
For Health \$0.00
For Health \$0.00
what is deducted from your paycheck:
For all benefits \$134
For Health \$0.00

☐ waive dental benefits

☐ back ☐ next

FIG. 22D

- ▶ getting started
- ▶ health
- ▶ dental
- ▶ flexible spending
- ▶ medical financing
- ▶ your summary
- Ⓢ how do I choose?
- ? questions
(888) 888-8888

A summary of your selections is listed below. If you would like to make any changes to your selections you may do so by using the drop down boxes in the *your benefits* column.

confirm

health benefits	Level of Coverage:	Single	benefit cost monthly	info
benefit description	your benefits			
preventive care	\$0.00		\$7.47	info
physician care	\$10.00		\$47.47	info
hospital care	0% cost share*		\$85.62	info
emergency care	\$20.00		\$3.58	info
pharmacy care @drugstore.com.	\$5.00/\$15.00 drugstore.com		\$15.00	info
alternative care	20% cost share*		\$4.05	info
vision care	\$10.00		\$2.11	info
vision annual visit	annual visit		\$5.00	
behavioral health care	\$15.00		\$5.04	info
personalized services	personalized services		\$3.00	info
Your combined out-of-pocket annual maximum is \$500 per person or \$1,000 per family.				
Health Total			\$178.34	

dental benefits	Level of Coverage:	Single	benefit cost monthly	info
benefit description	your benefits			
dental care	waived		\$32.59	info

FIG. 22E

[close window](#)

choice linx
The benefits of choice

how do I choose?

2260

Your benefits should reflect your life's needs and your individual family, health and financial situation. A single, healthy 20 year old, a family with four young children, newlyweds planning to have a baby, and a 45 year old person with diabetes have very different needs. That is why ChoiceInx lets you pick the fixed copay and % of charge amounts that are right for you.

Ask yourself the following questions when choosing your benefit options:

- 2261
- Do you have children who visit the doctor frequently for check-ups, ear infections or immunizations?
 - Are you healthy and single?
 - Are you married and planning to have children during the upcoming year?
 - Do you or one of your covered family members have a health condition that requires frequent doctor visits or tests?
 - Do you expect that you or a covered family member will be hospitalized during the year?
 - From a budgeting standpoint: Is it easier to have more taken out of your paychecks with less for you to pay when you receive care or just the opposite?

Also take into consideration:

- 2262
- Lower copays mean higher payroll deductions, but less you need to pay at the time of your visit
 - Higher % of charge amounts mean lower payroll deductions, but more expense when you visit the hospital for tests or for an overnight stay
 - Each health benefit category is for a different type of service. Take each into consideration when selecting your benefit. Look at what is covered and what is not covered for that category. Think about the cost to you on a weekly, monthly or annual basis. And think about the likelihood of needing those services during the year.

FIG. 22F

Just remember--no matter what you choose--you will still end up with a comprehensive benefits plan that will cover you when you need it most.

[close window](#)

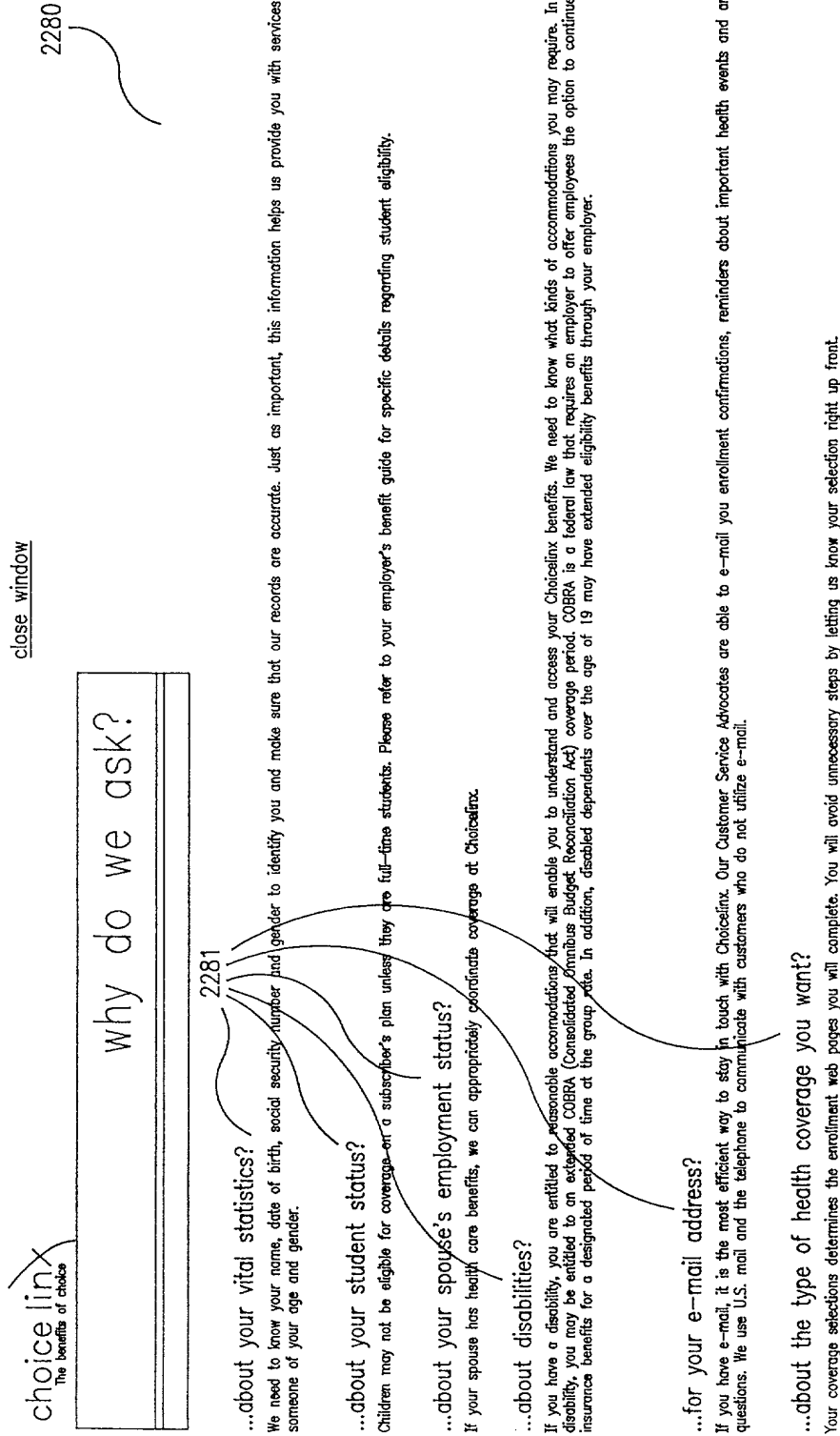


FIG. 22H

close window

Preventive Care ²²⁹¹

Annual physicals— Your office visit copay will apply for this visit

What's Covered

- Annual Physical Examinations—for all adults and children over the age of 2
- Laboratory Services
- Radiology

What's Not Covered

- 3rd Party Exams—(camp and insurance)
- Flight Physicals
- Sports Physicals

[back to top](#)

Allergy Testing and Injections— ²²⁹²

Your office visit copay will apply for this visit

What's Covered

- Allergy Testing
- Allergy Shots
- Professional Services
- All materials associated with allergy testing

What's Not Covered

- Allergy Serum

[back to top](#)

Routine Annual Gynecological Exams— ²²⁹³

Your office visit copay will apply for this visit

What's Covered

- Annual routine gynecological exams
- Doctors visit
- Pap Test
- Mammograms

What's Not Covered

- Birth Control

[back to top](#)

Immunizations and Injections— ²²⁹⁴

Your office visit copay will apply for this visit

What's Covered

- Therapeutic Injections
- Immunizations (tetanus, hepatitis, influenza)
- Professional Services
- Materials associated with those injections when administered by your physician or attending staff

What's Not Covered

[back to top](#)

FIG. 22I

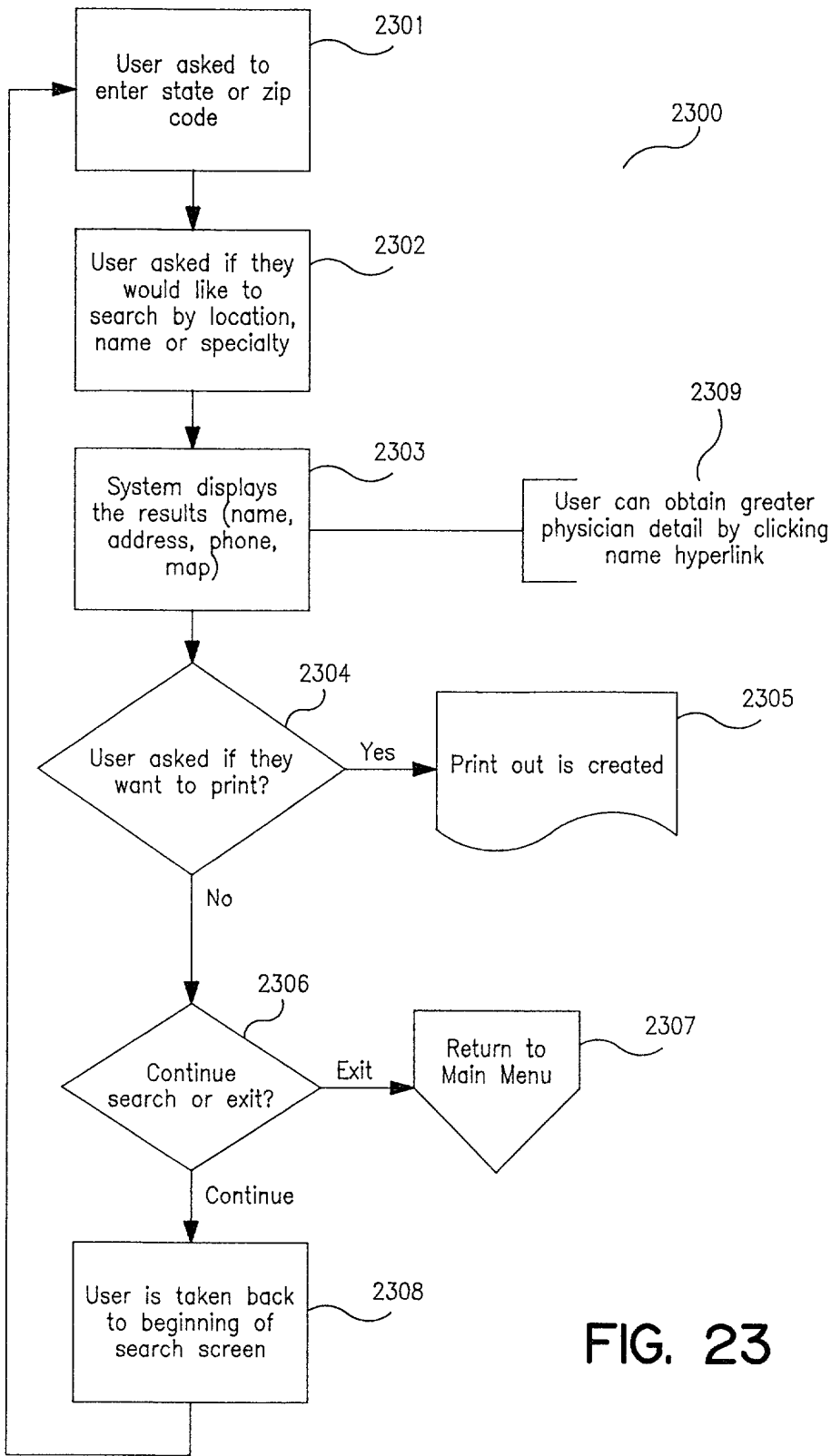


FIG. 23

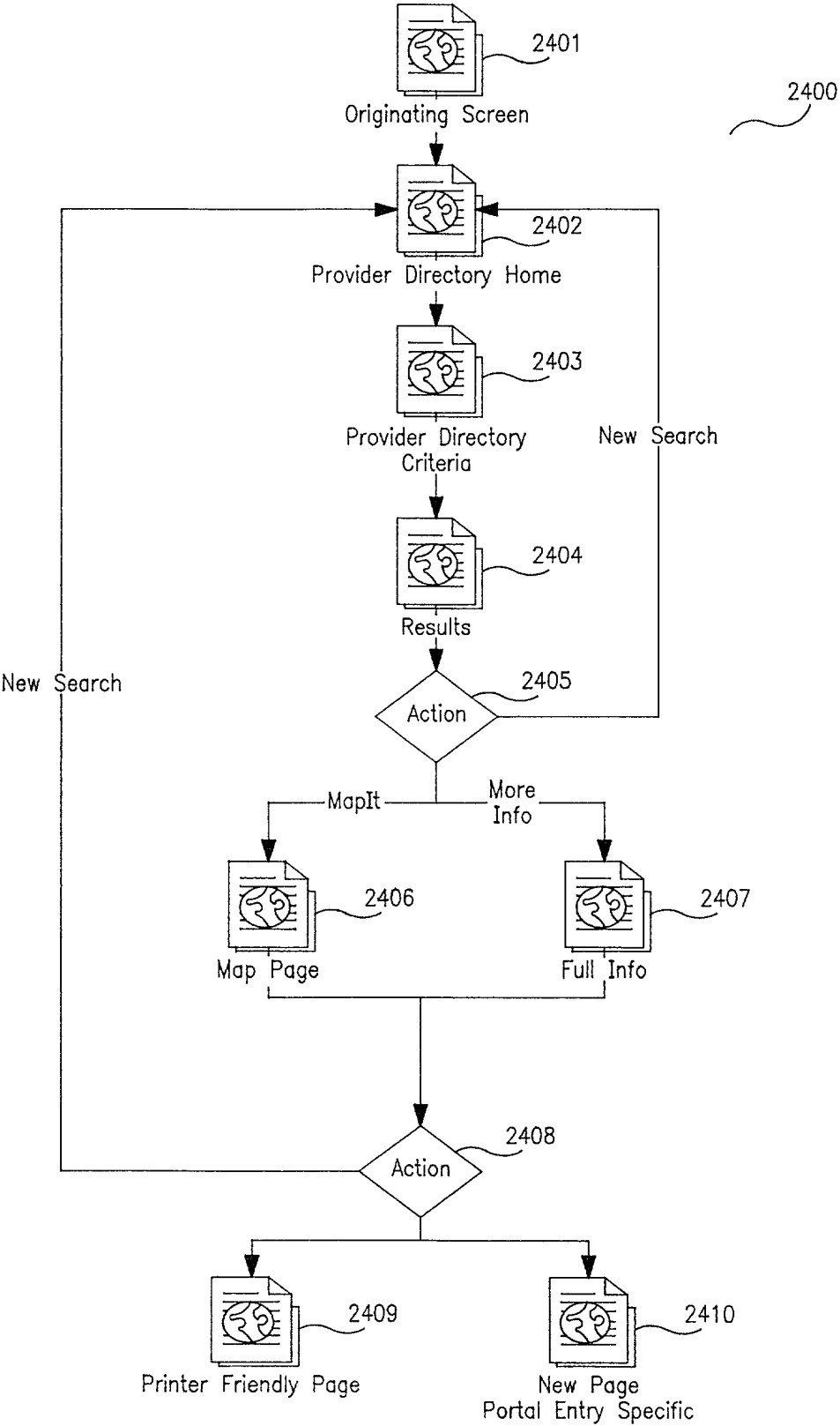


FIG. 24

FIG. 24

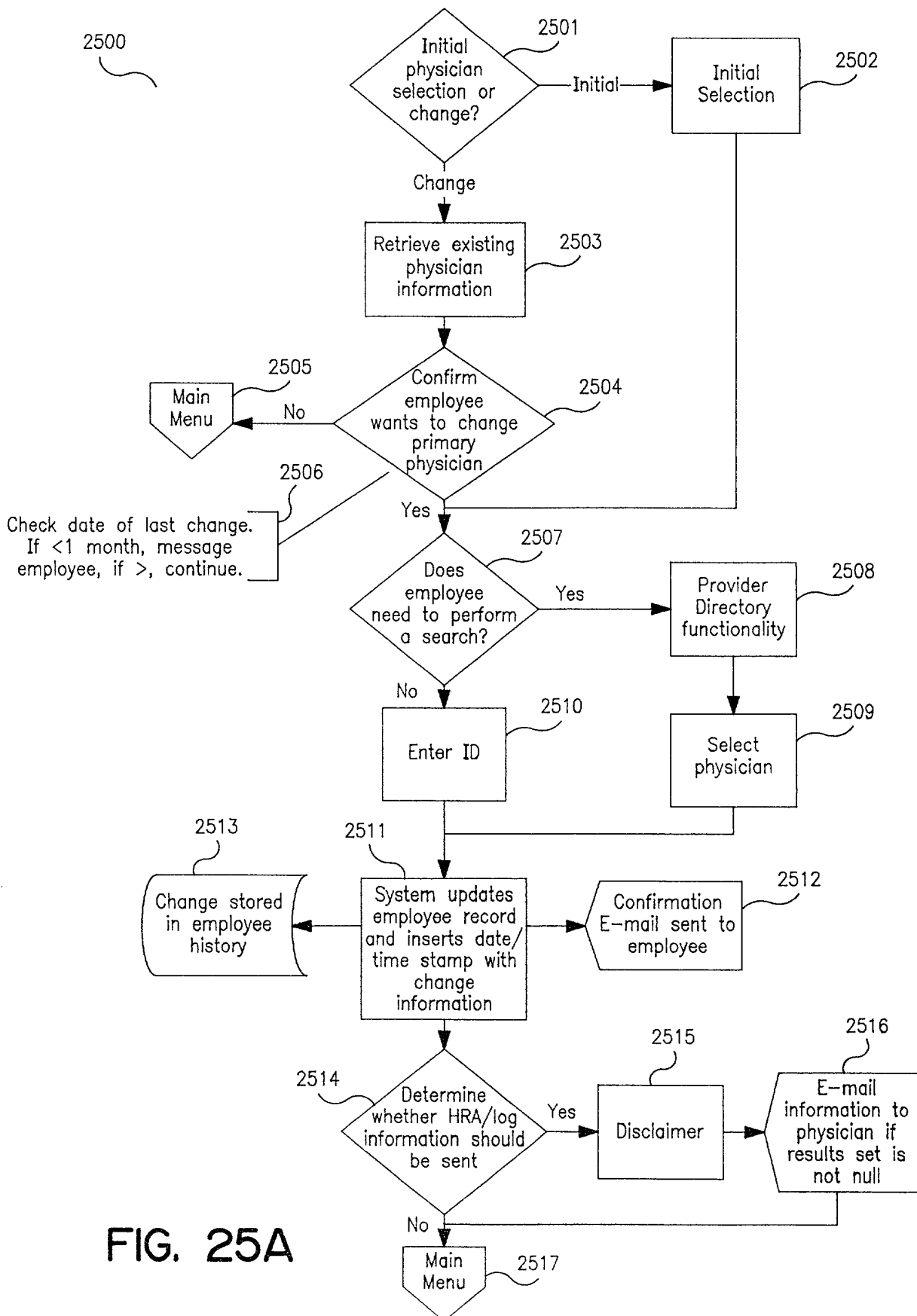


FIG. 25A

▶ signing up menu

your doctor

signing up

Below are the physicians you've already selected for the members associated with your account and search options to select a physician for your child(ren).

You may cancel your search by selecting cancel search below, and the physicians you have selected so far will remain.

▶ about you

▶ contacting you

▶ your other coverage

▶ your doctor

▶ your summary

▶ why do we ask?

? questions (888) 888-8888

you tell us

Primary physician selected for John Smith

Young, Mitchell
Family Practice
Manchester, NH 3101-1325

Primary physician selected for Jane Smith

Miller, Chris
Internal Medicine
Manchester, NH 03104

Search for a primary physician for Jessica Smith

search... by name

or

search... by distance

Skip Jessica Smith

cancel

FIG. 25B

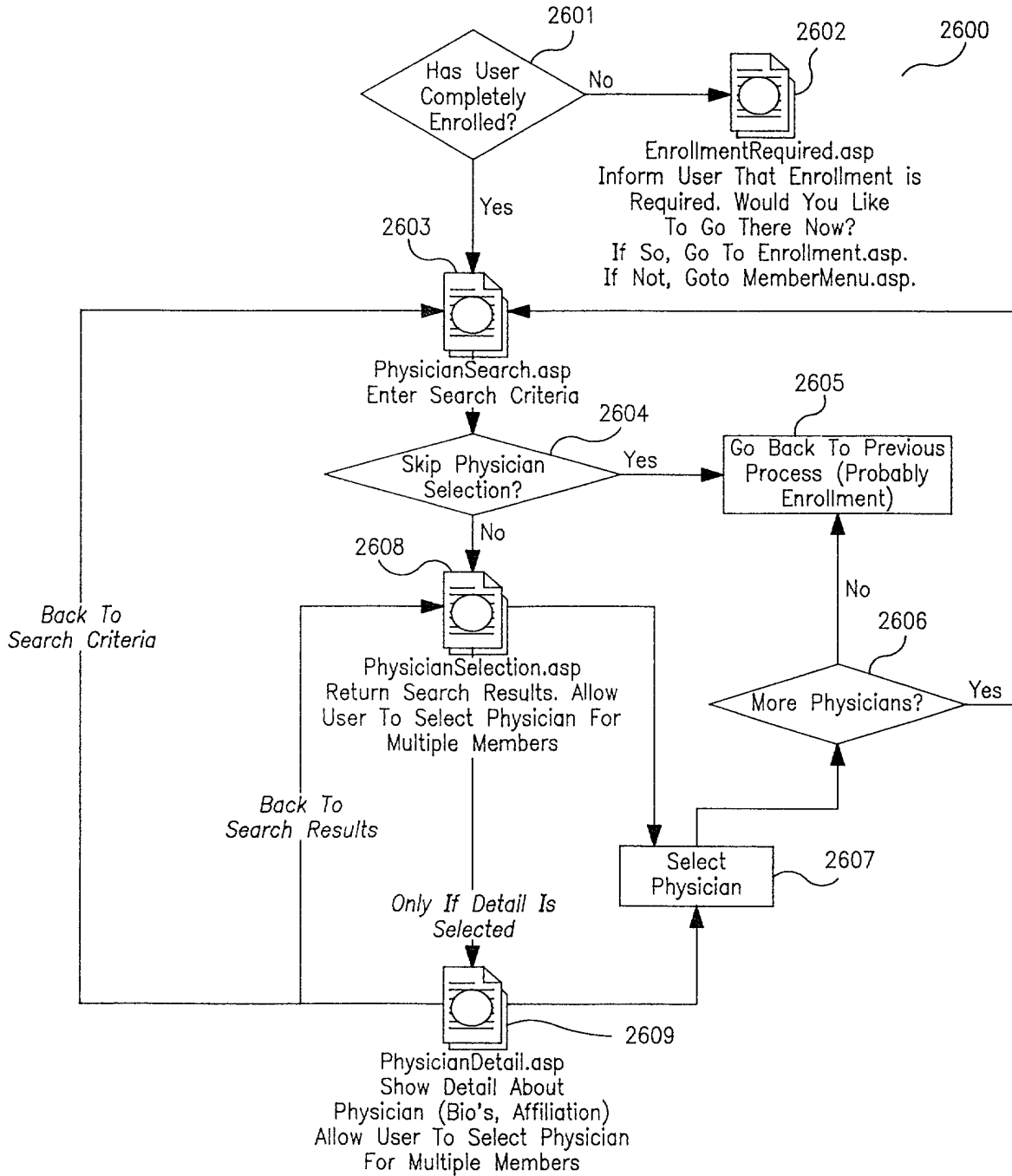


FIG. 26

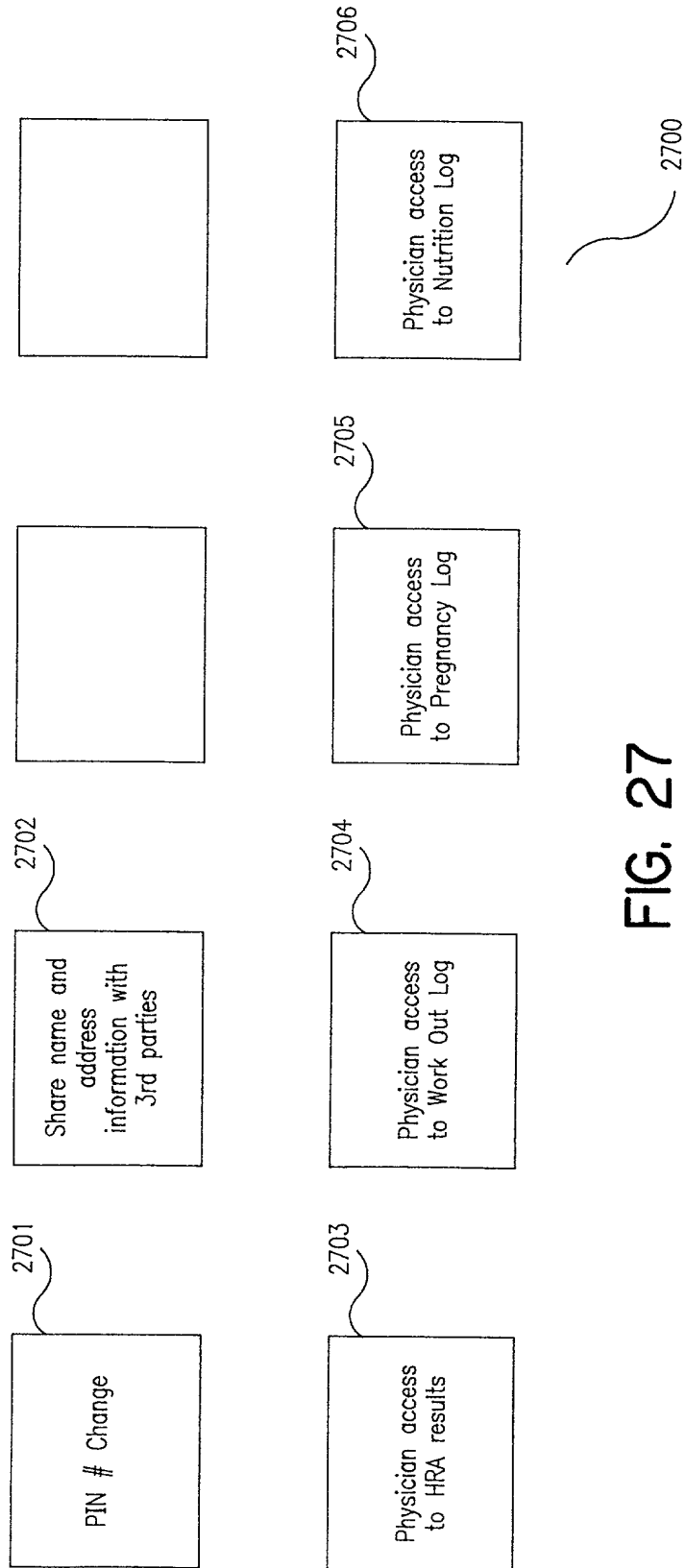


FIG. 27

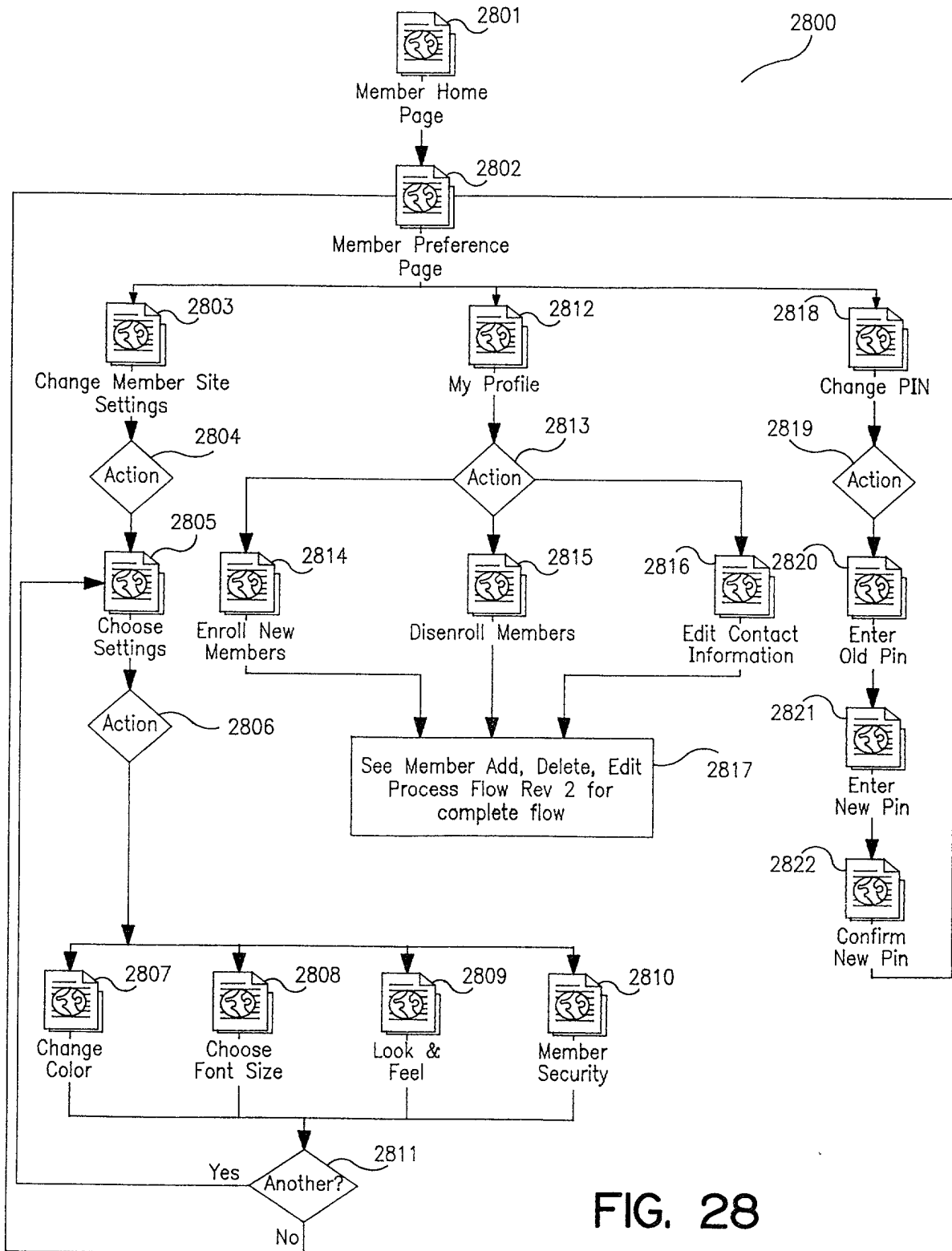


FIG. 28

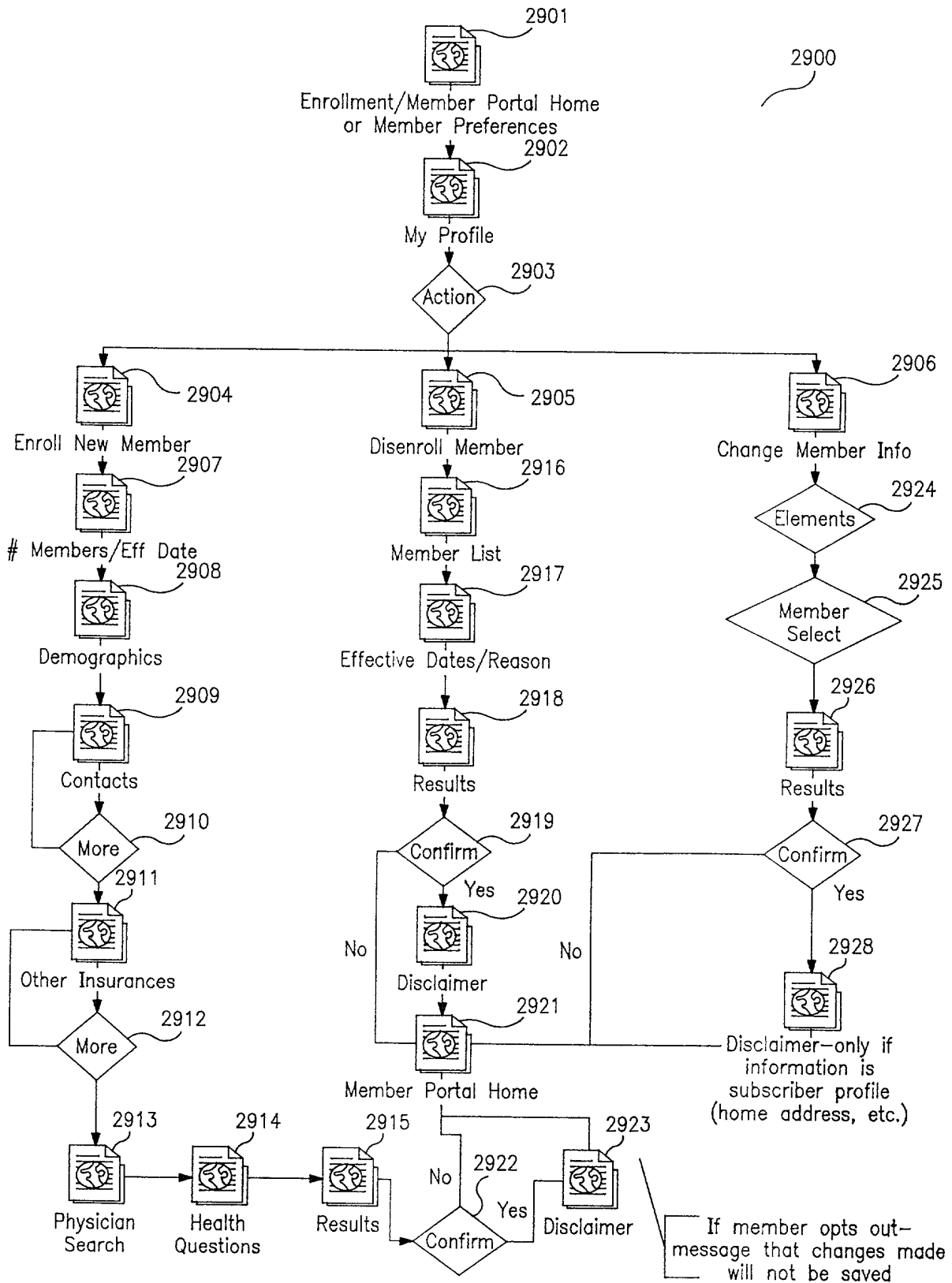


FIG. 29

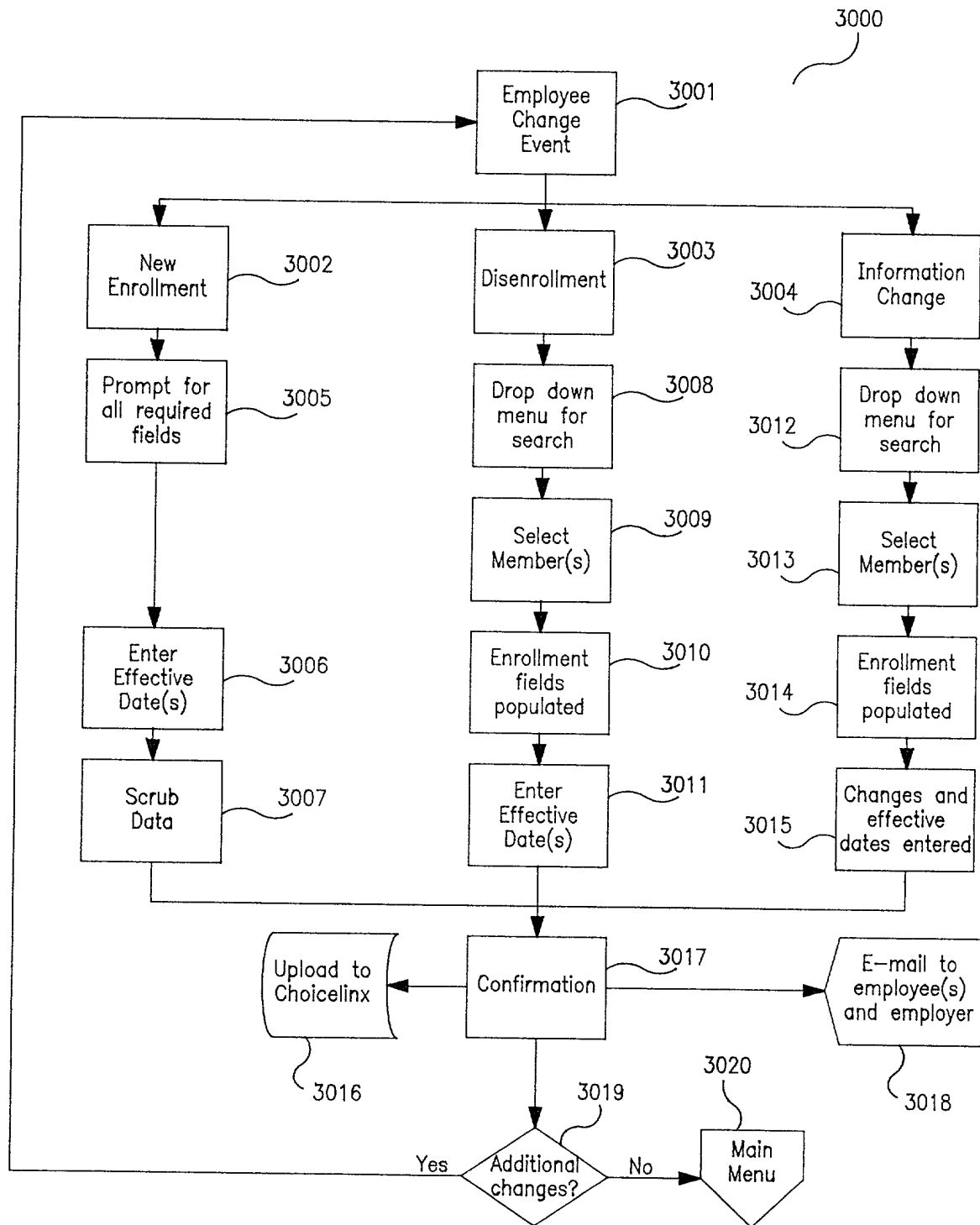


FIG. 30

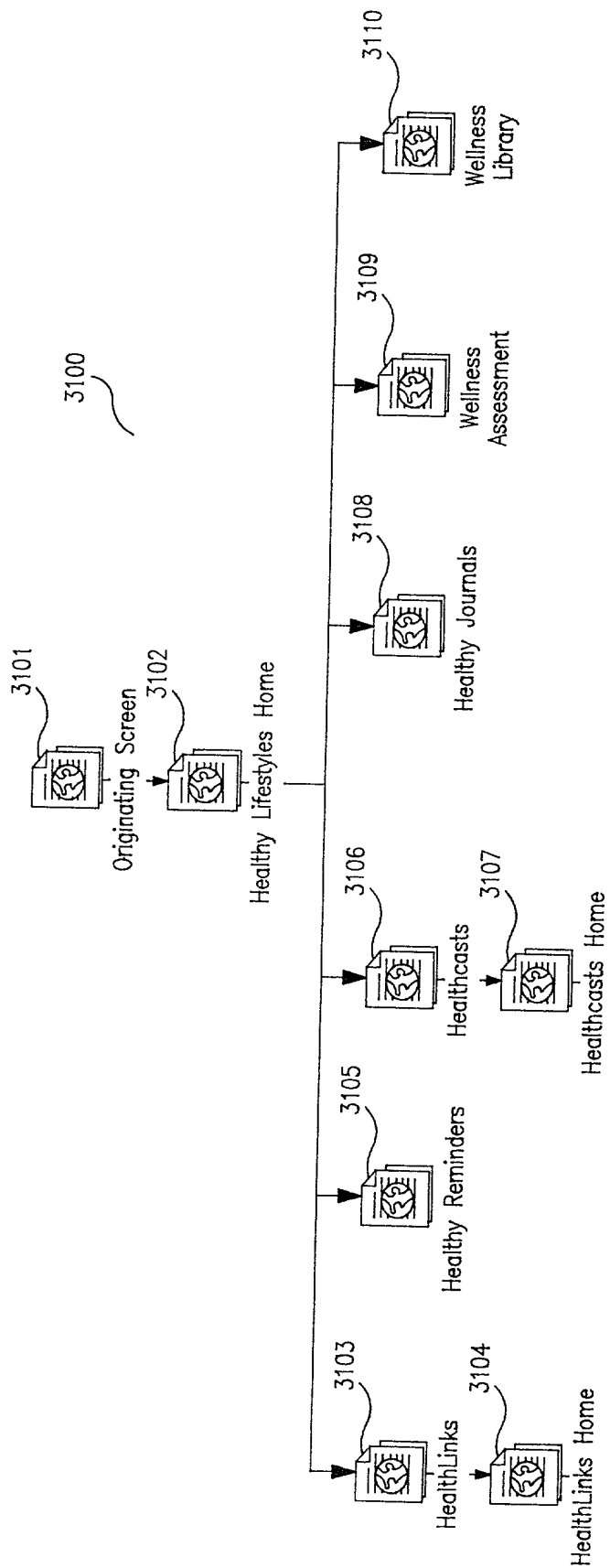


FIG. 31

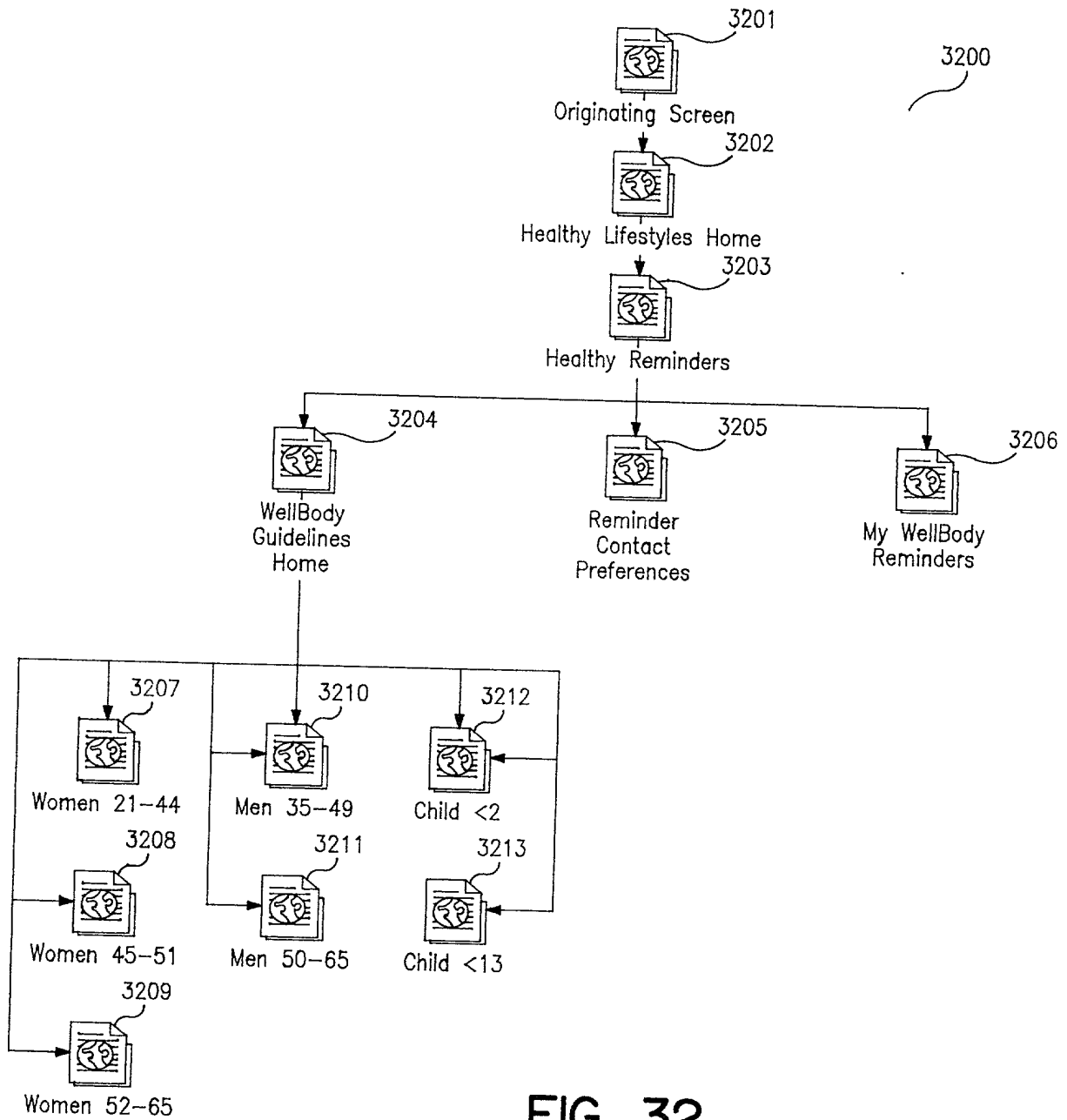


FIG. 32

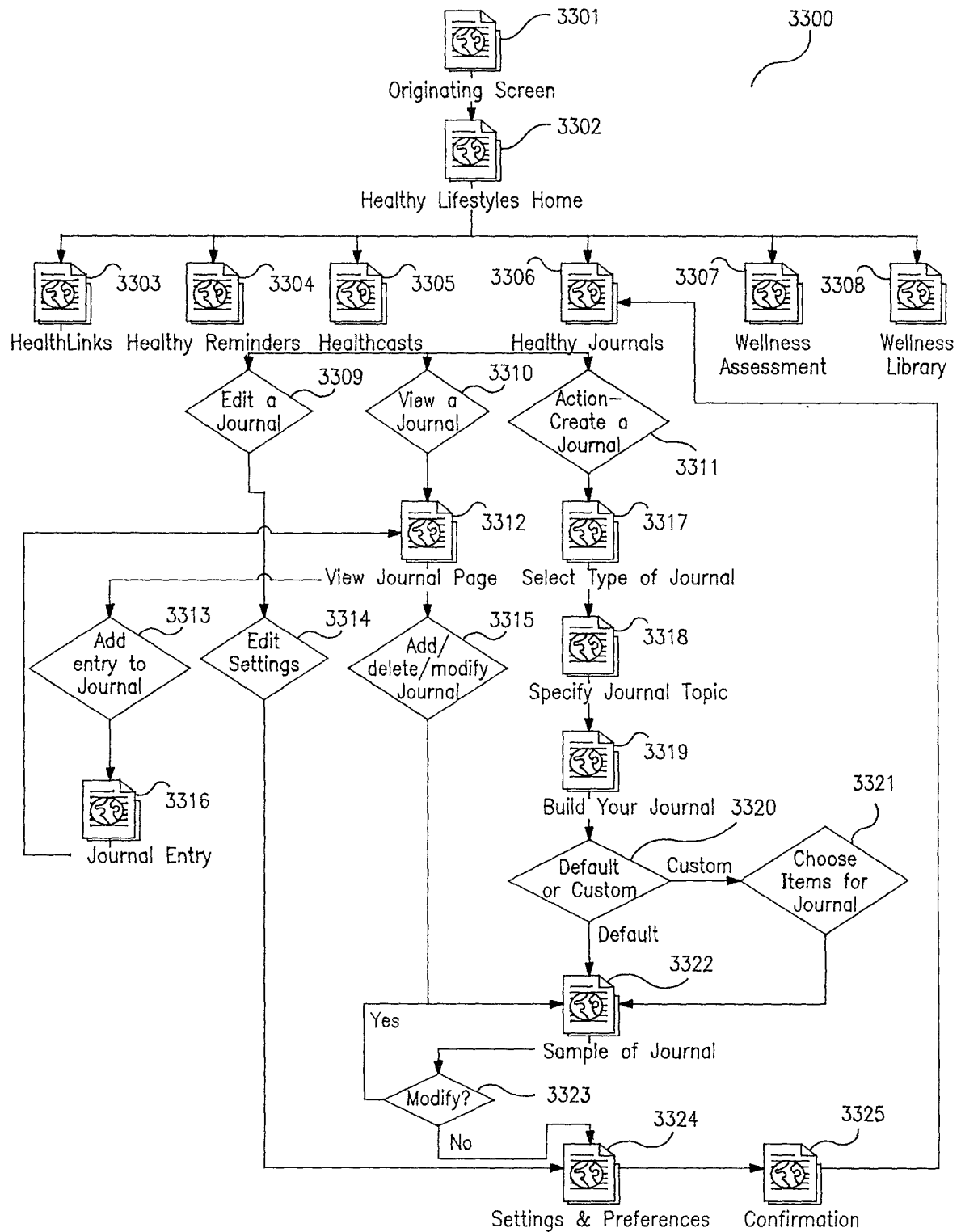


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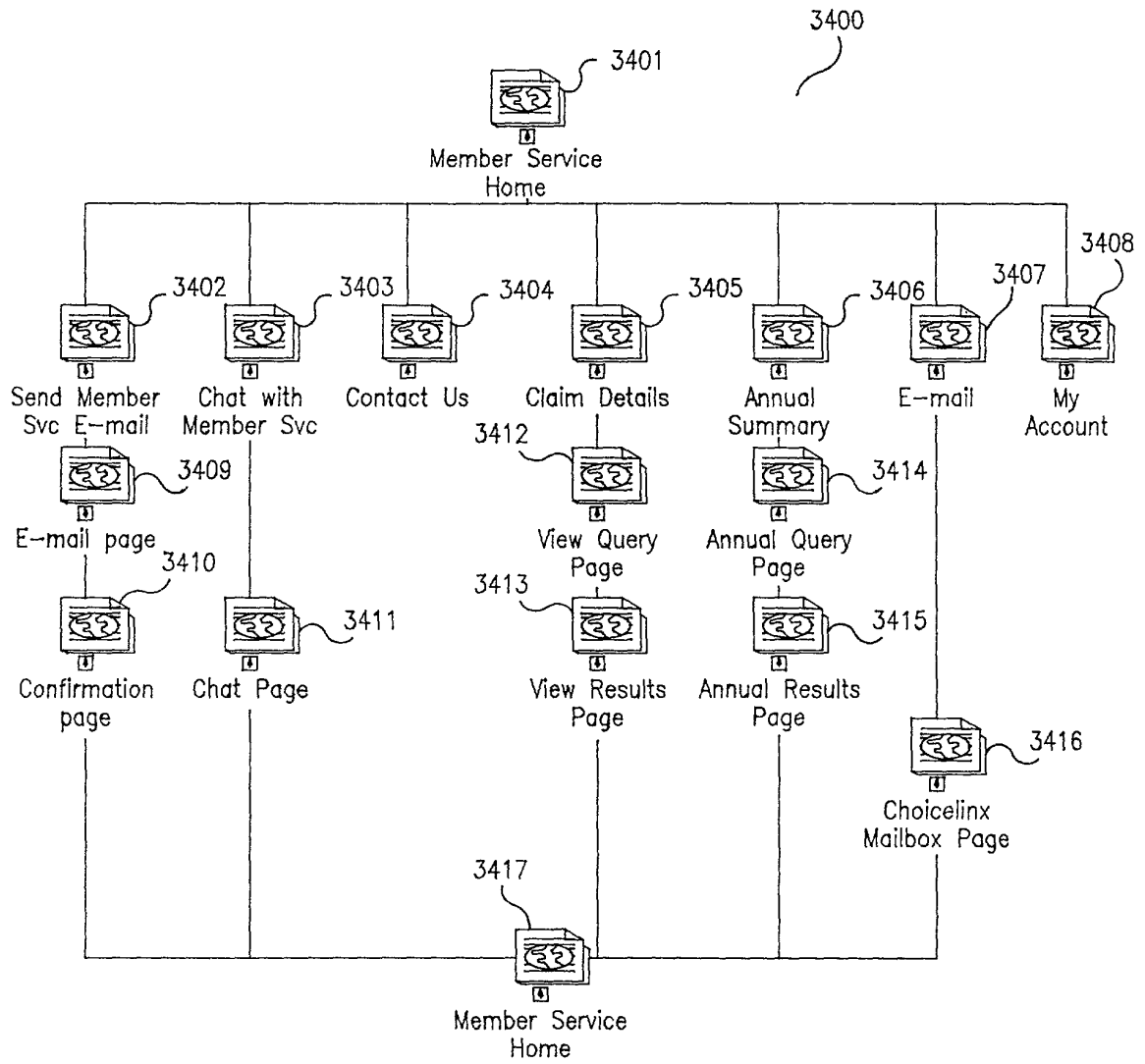


FIG. 34

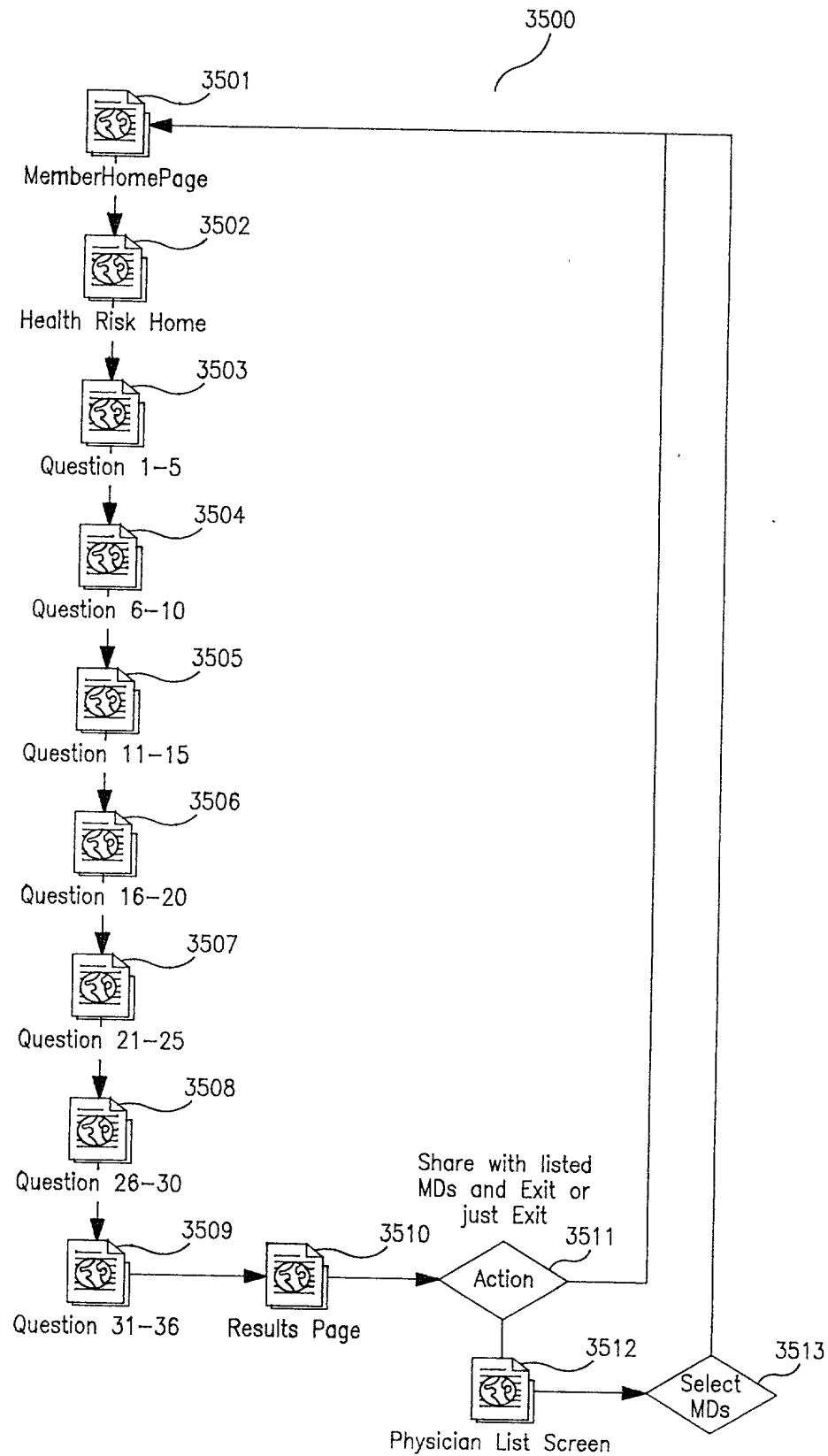


FIG. 35

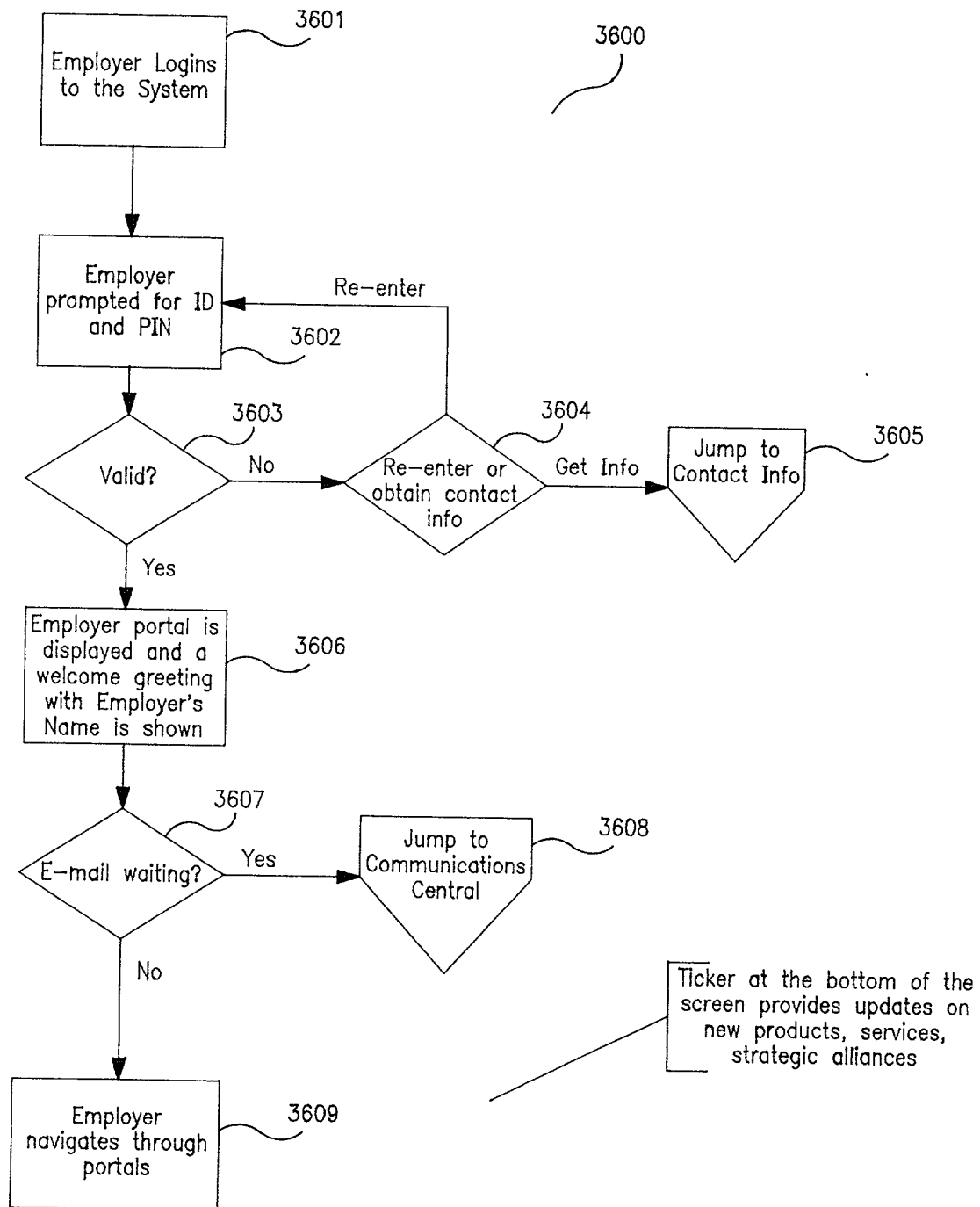


FIG. 36

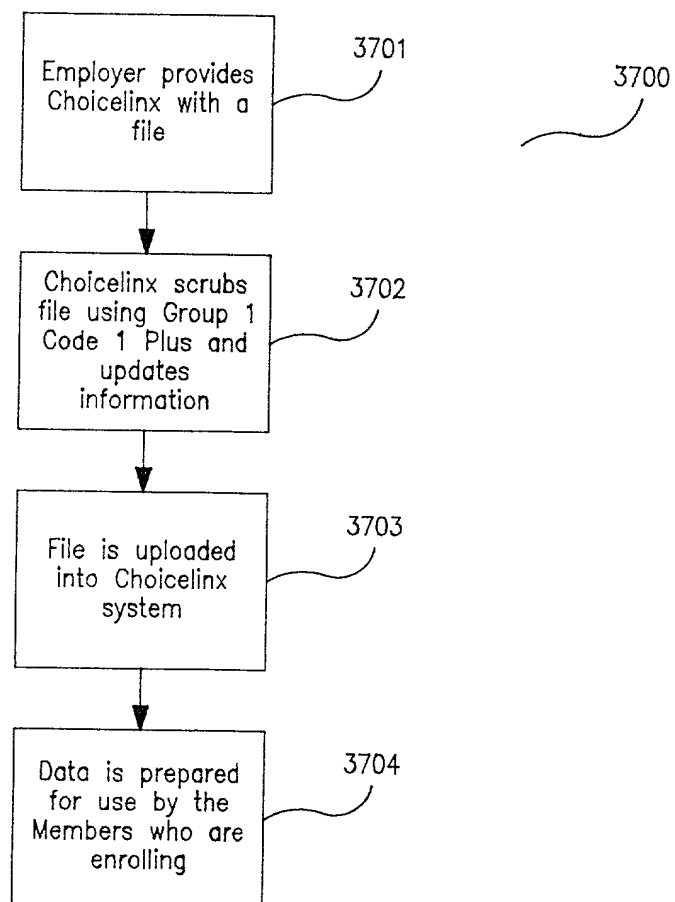
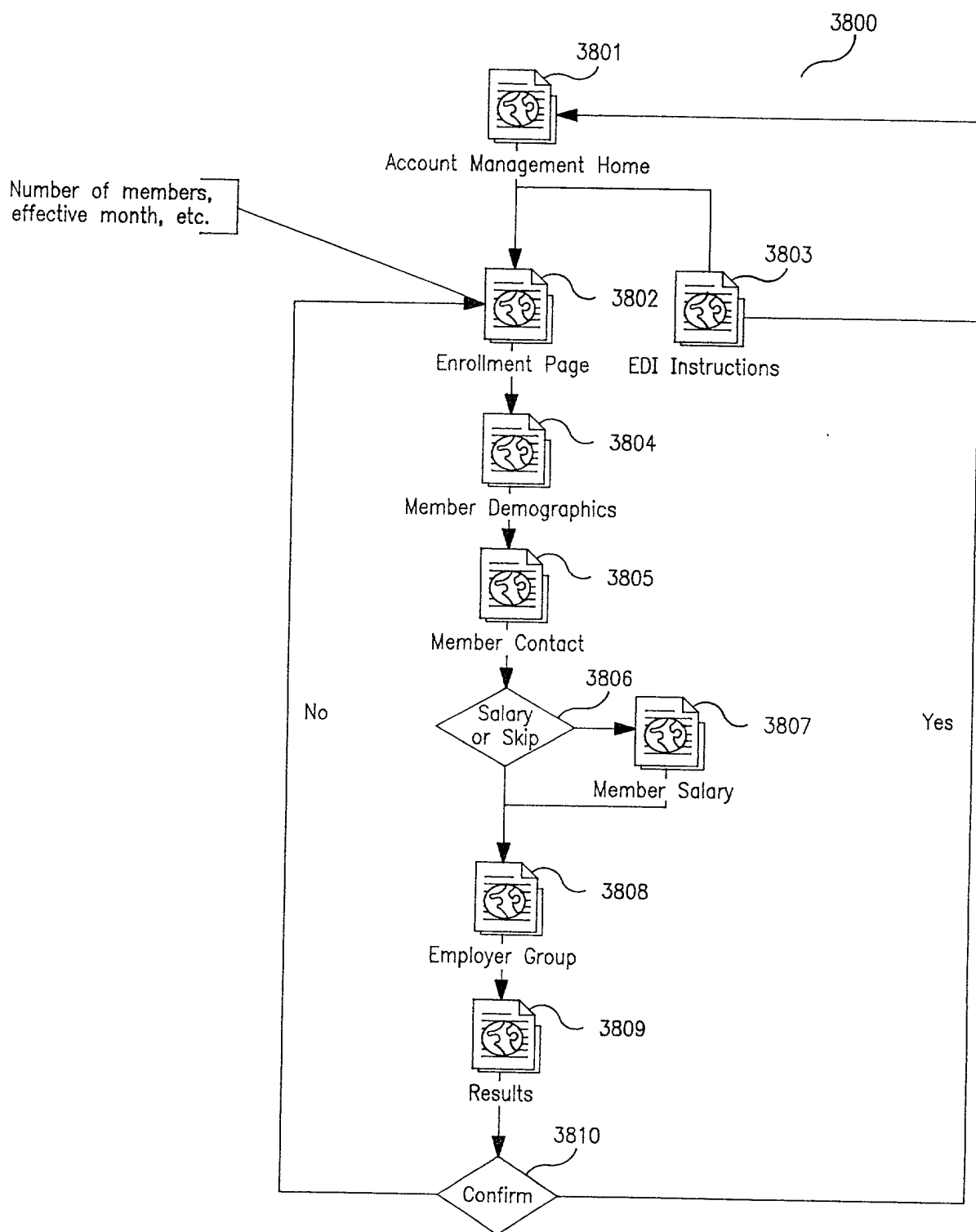


FIG. 37



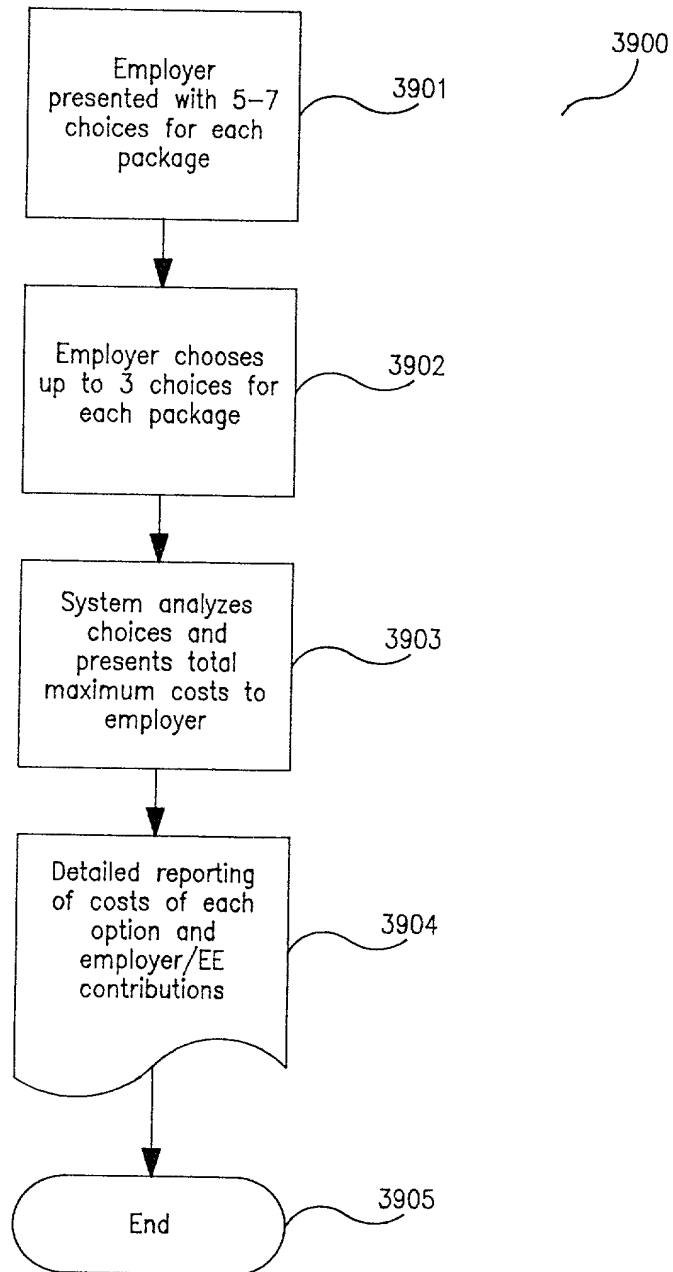


FIG. 39

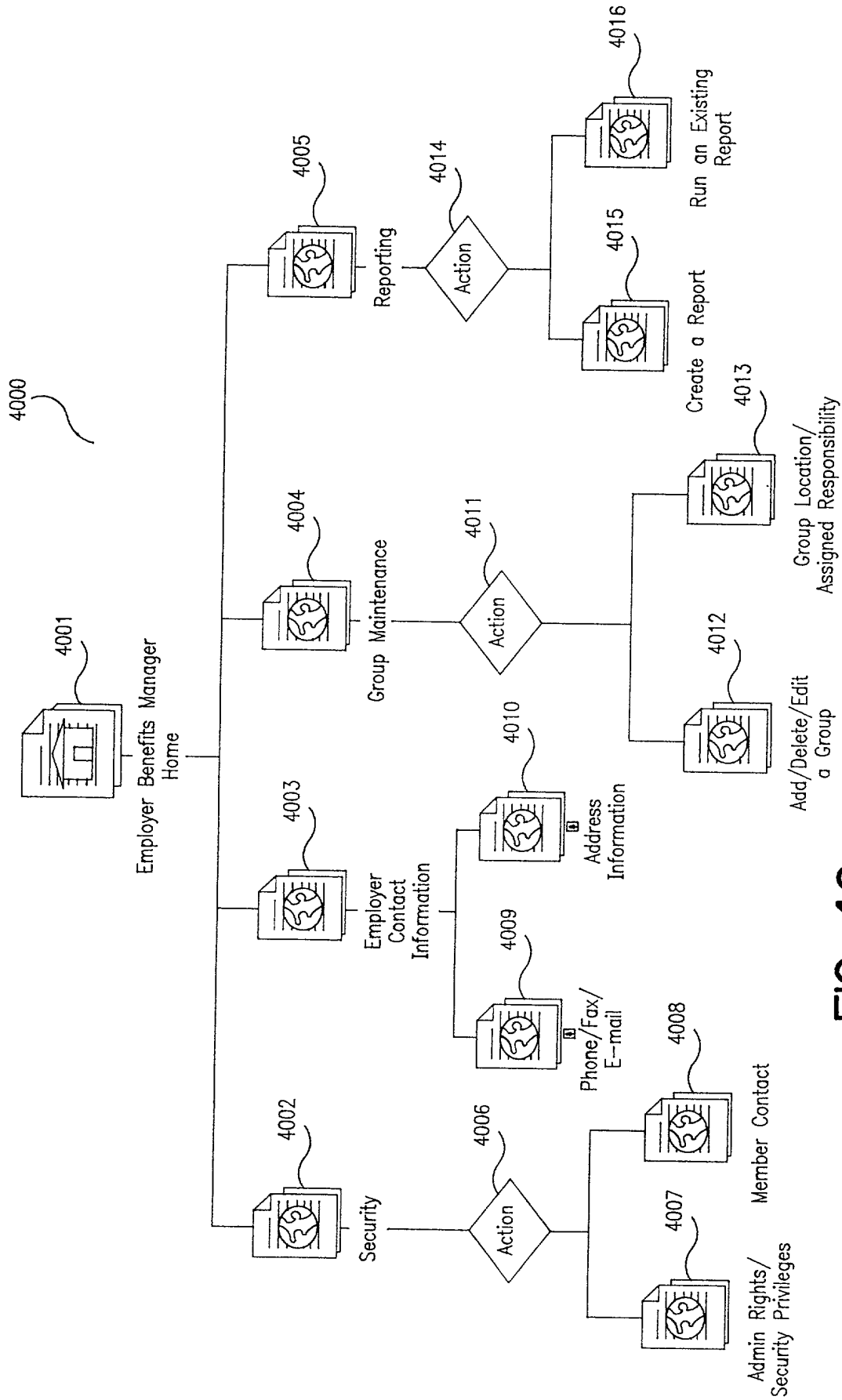


FIG. 40

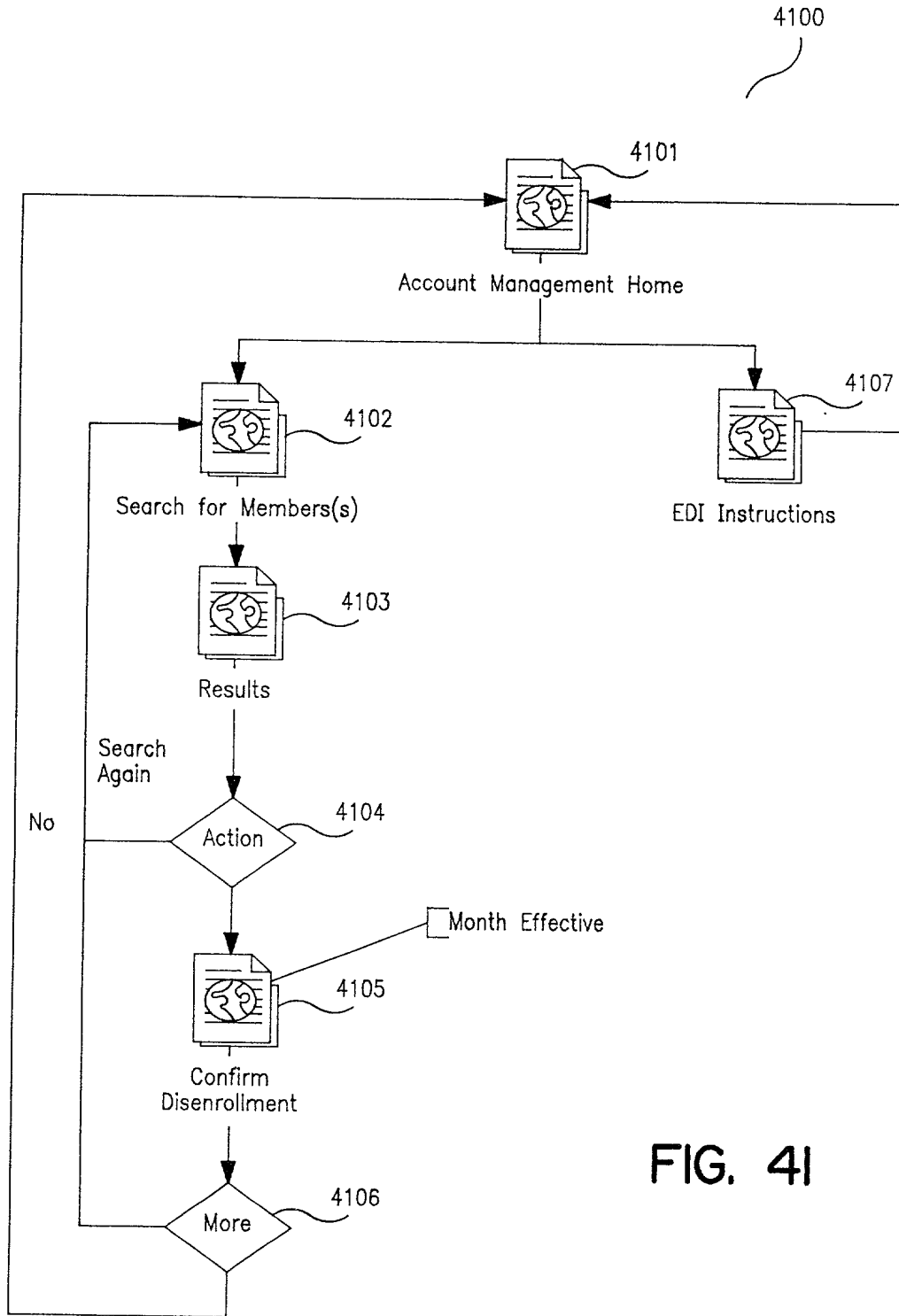


FIG. 41

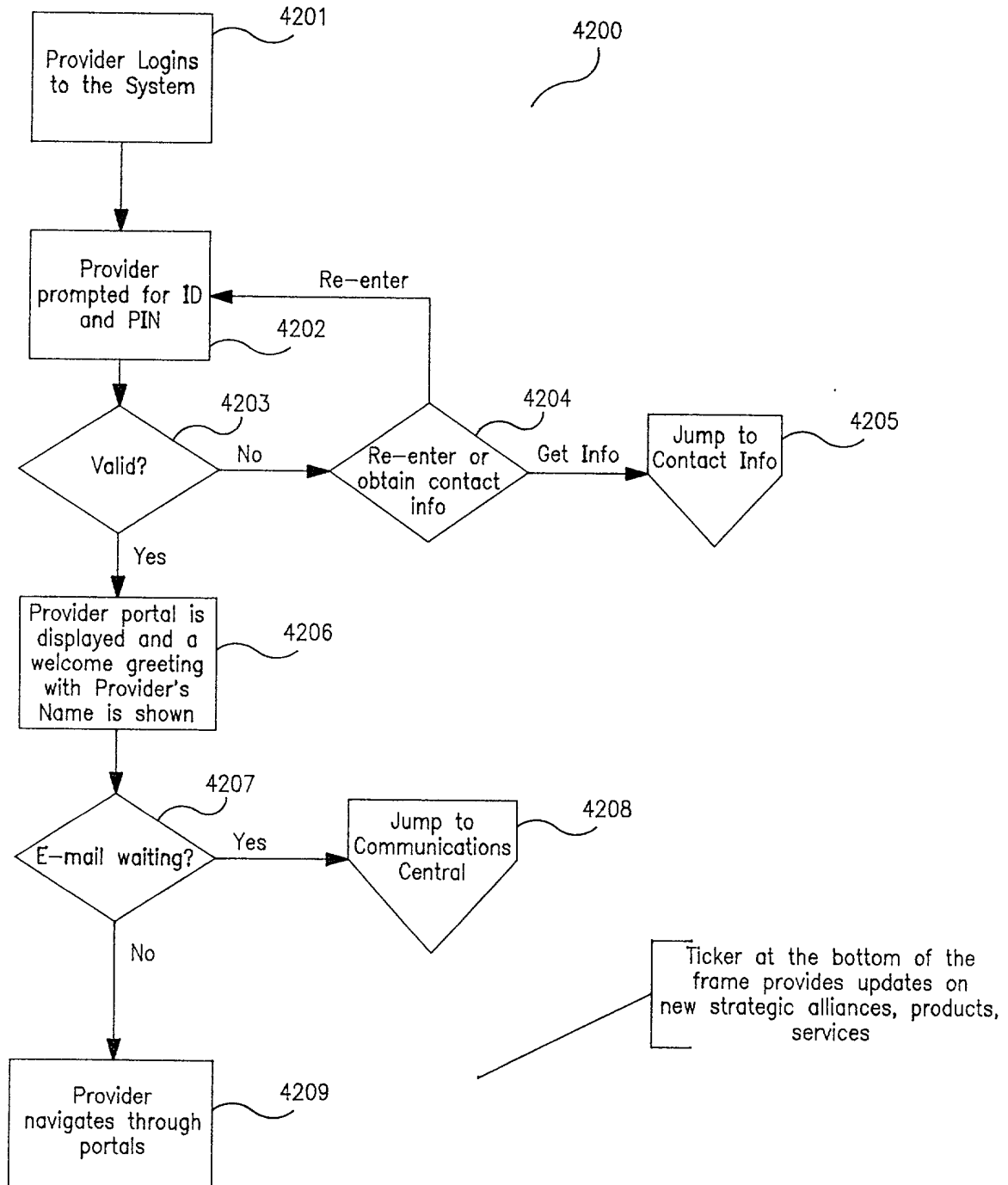
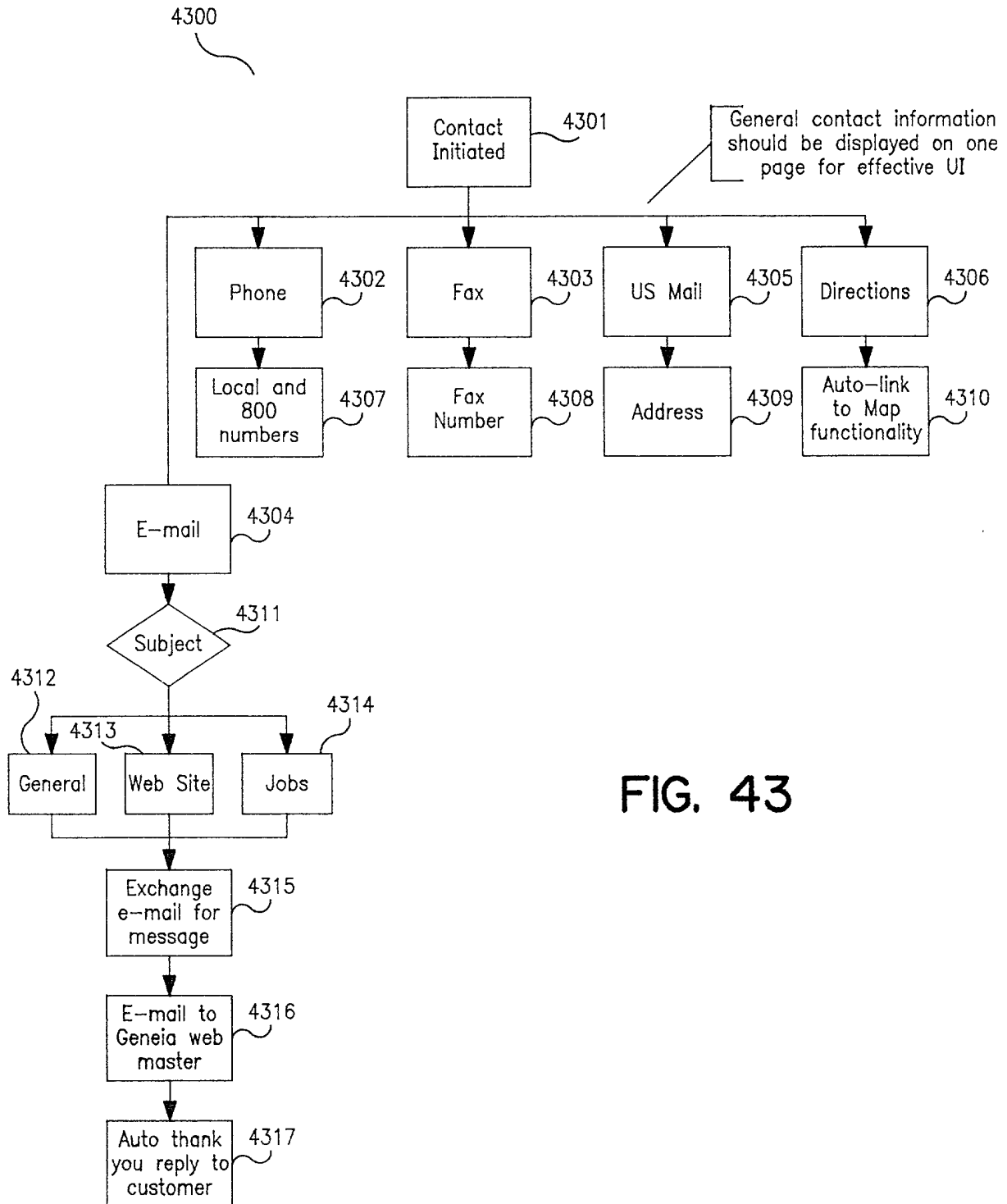


FIG. 42



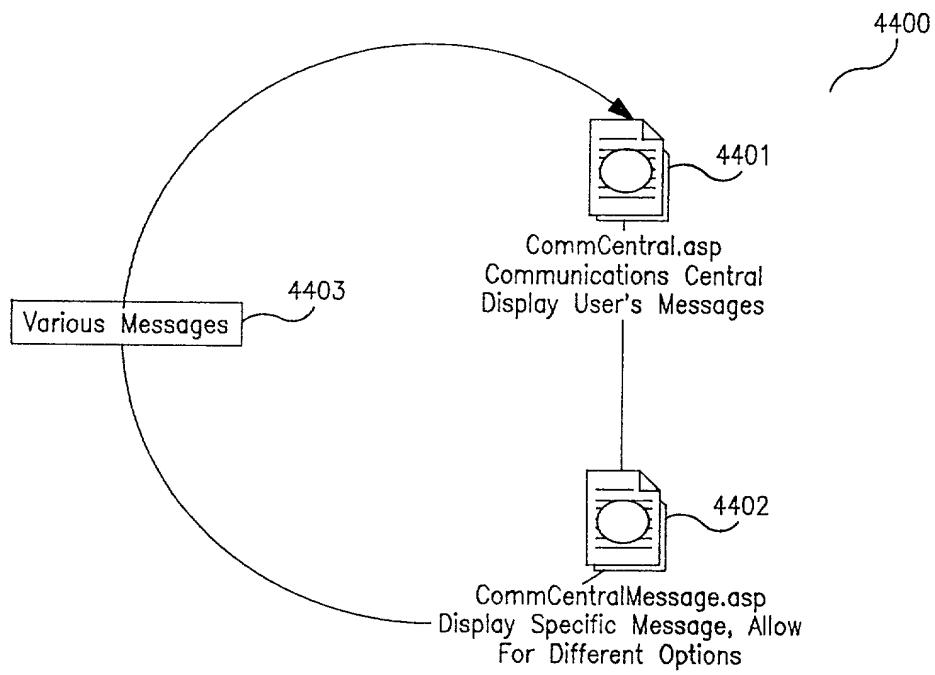


FIG. 44

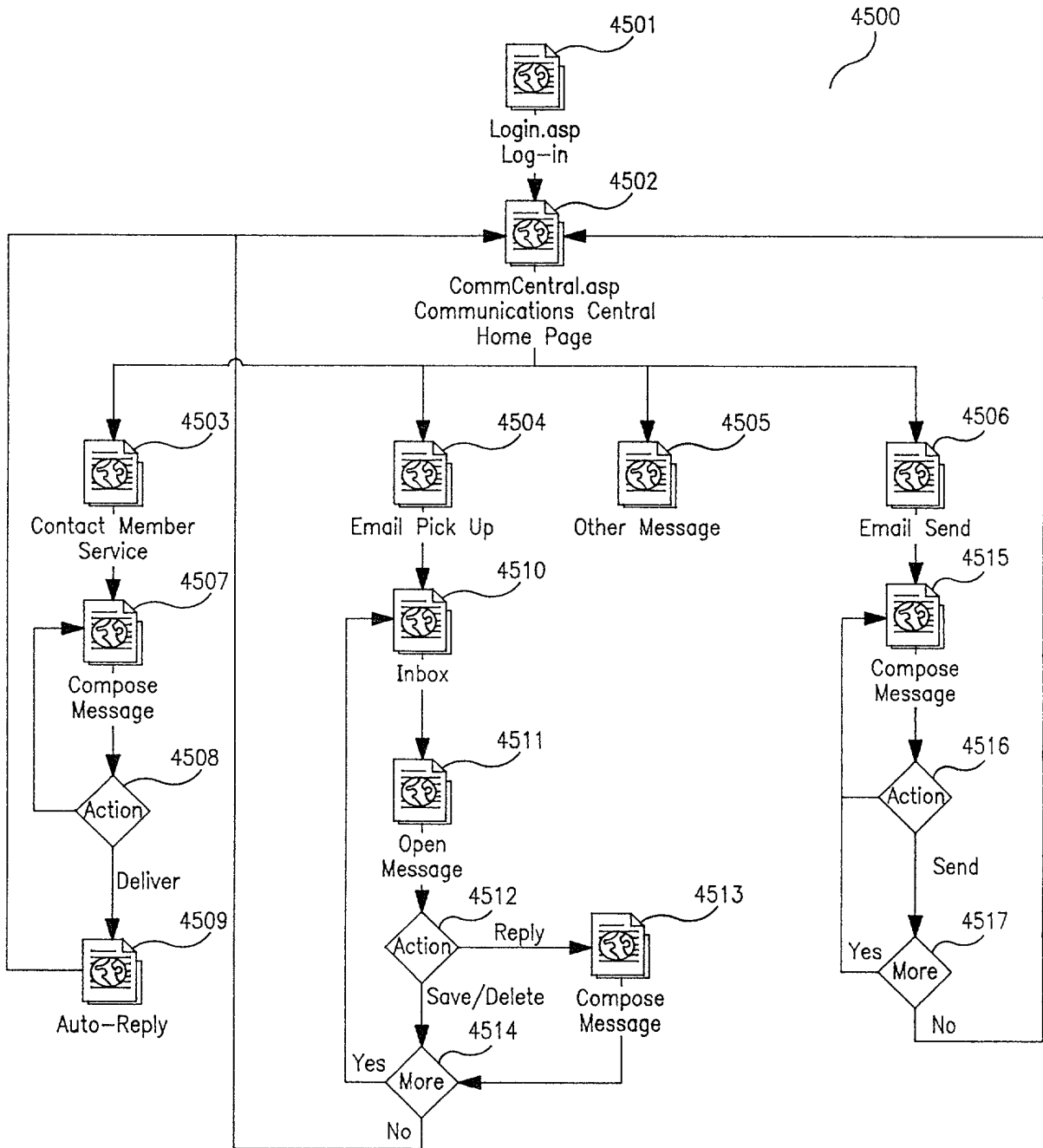


FIG. 45

60/66

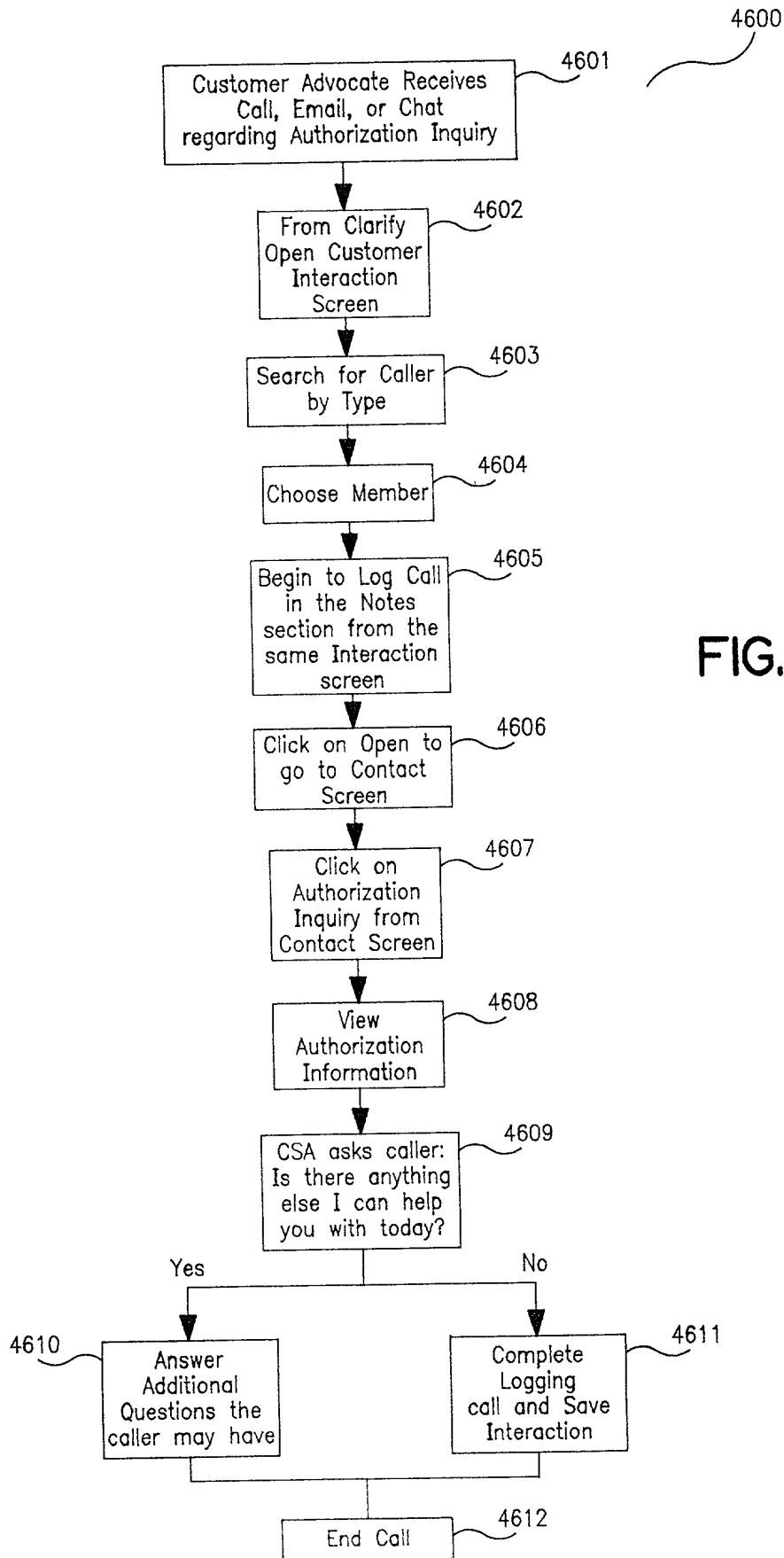


FIG. 46

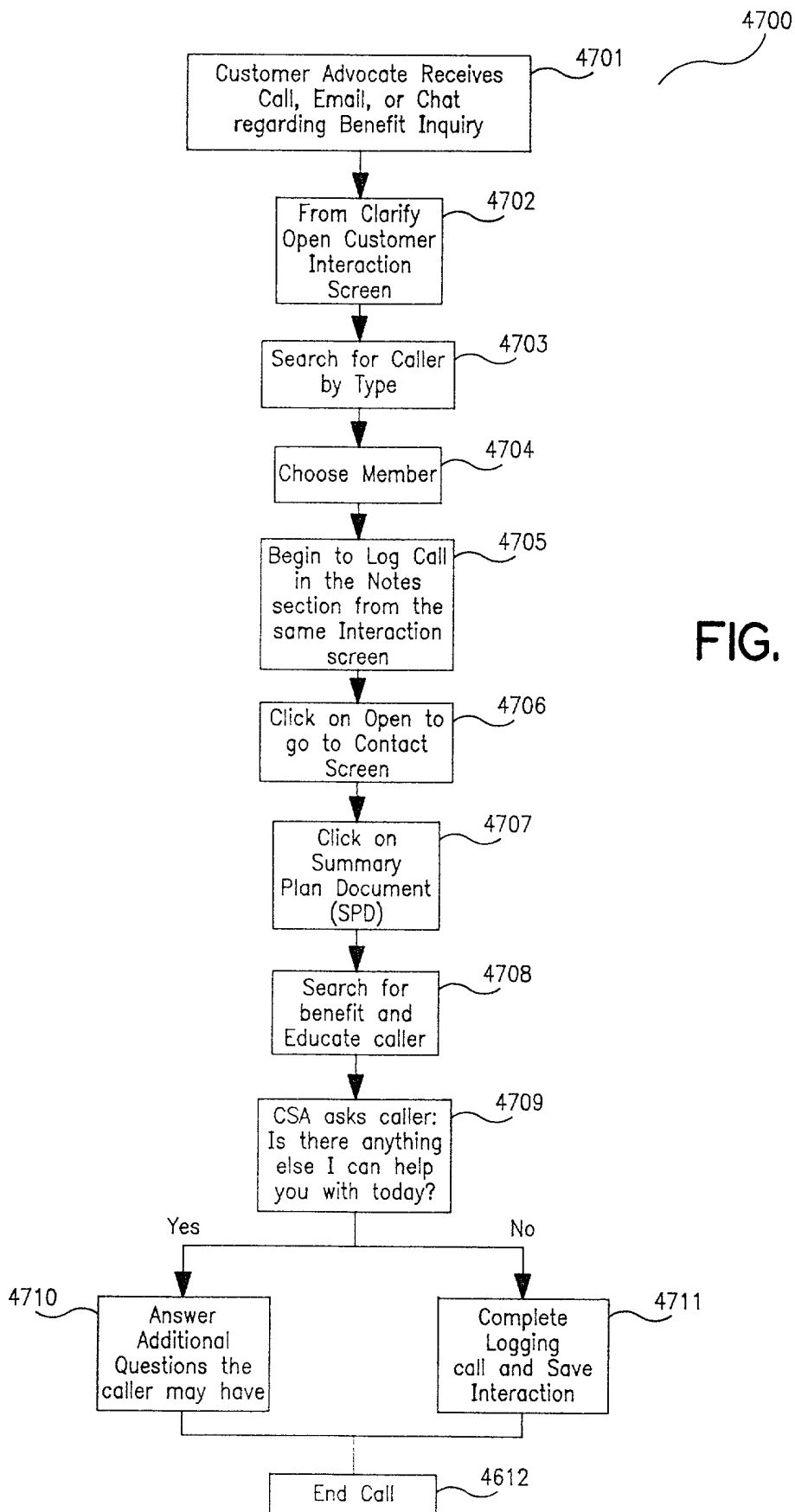


FIG. 47

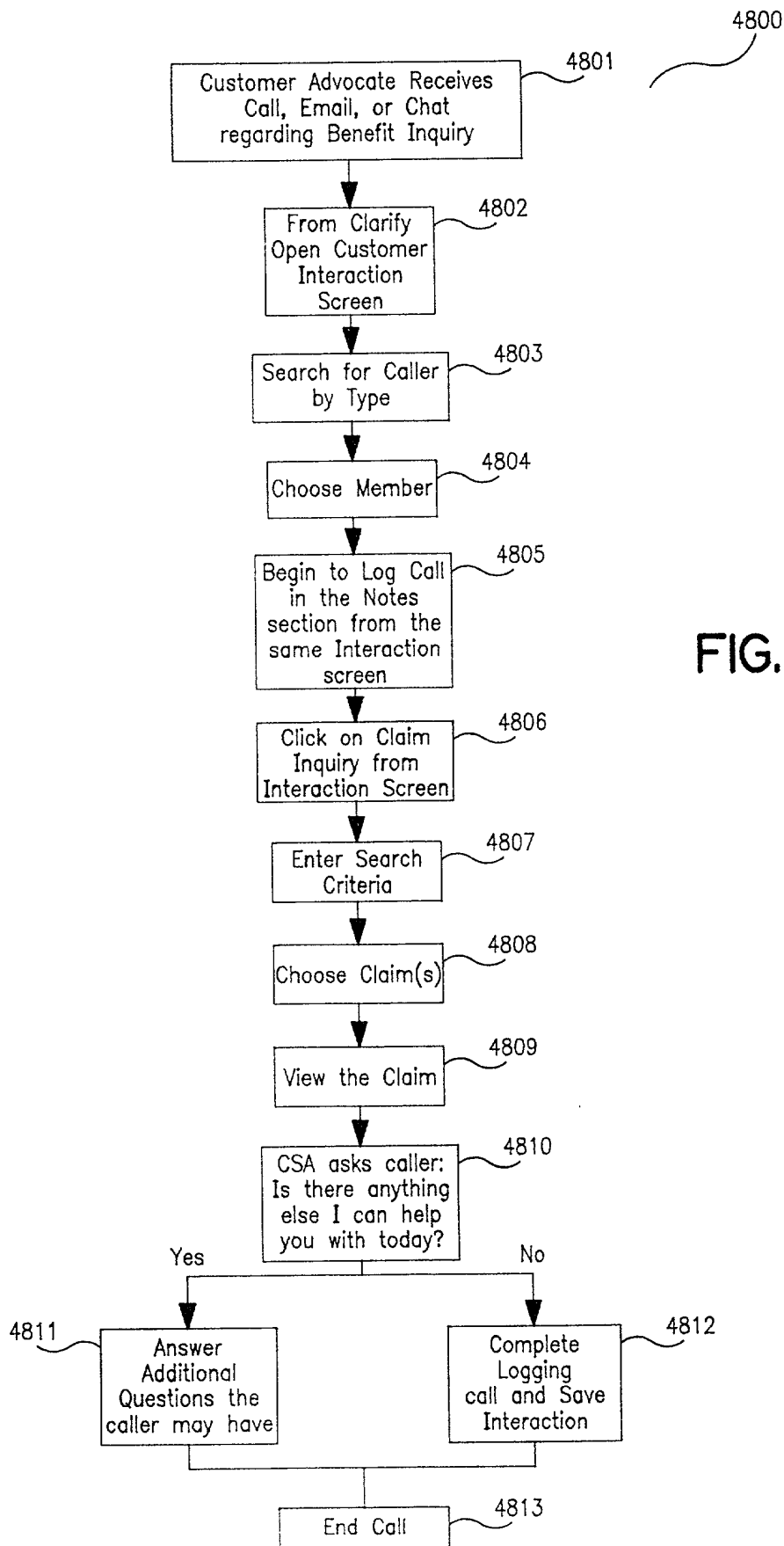


FIG. 48

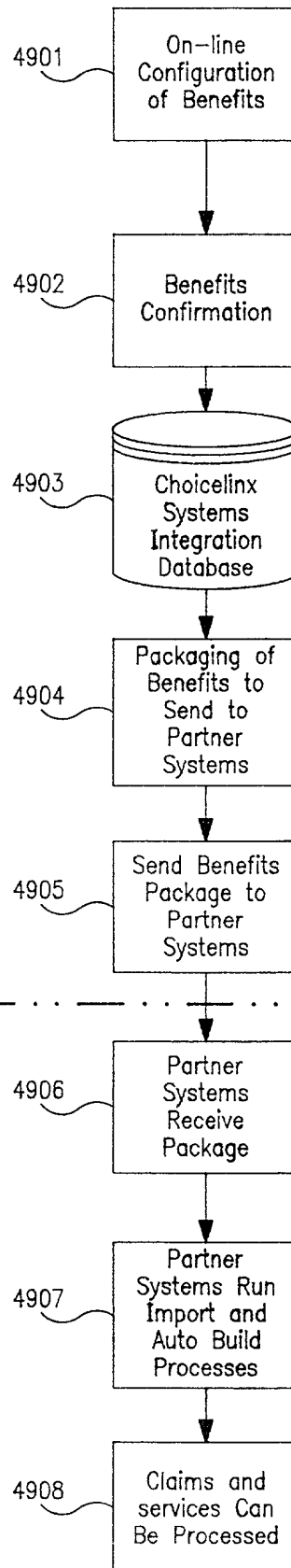


FIG. 49

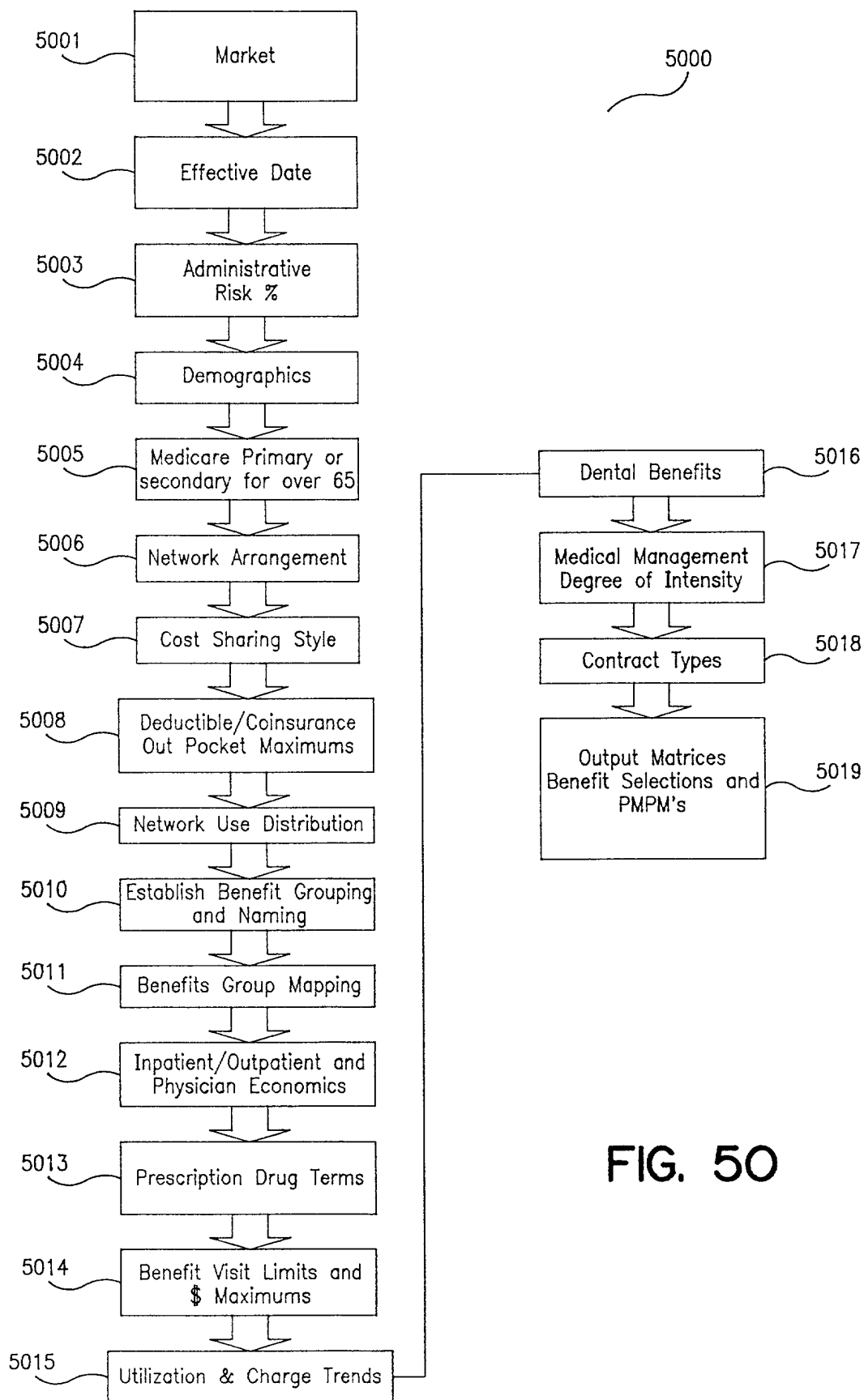


FIG. 50

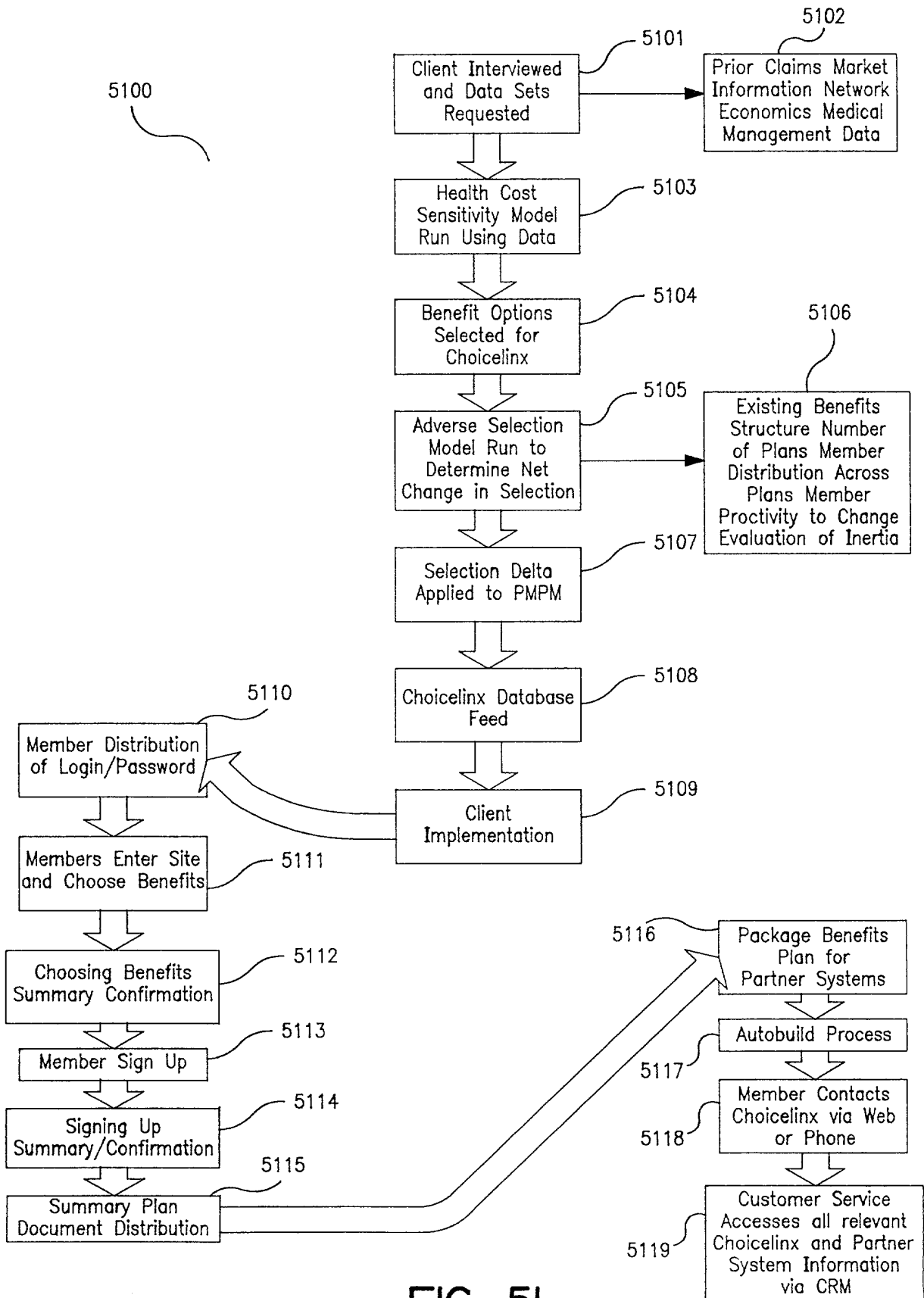
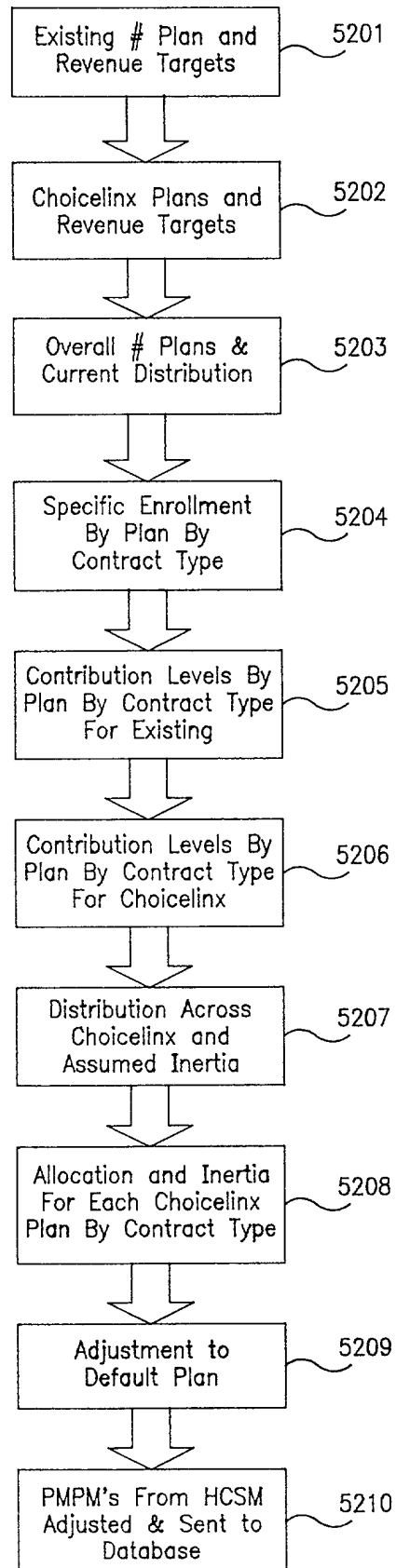


FIG. 51



5200

FIG. 52